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COUNTY BOROUGH OF GRIMSBY

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1971

INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE



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COUNTY BOROUGH OF GRIMSBY**Health Committee**

as constituted on 31st December, 1971)

The Worshipful the Mayor

(ALDERMAN MRS. L. TRAYER)

Chairman

ALDERMAN A. NEILSON

Deputy Chairman

COUNCILLOR P. D. CROWLEY

Alderman

F. G. GARDNER

Councillors

T. F. ALLEN
F. A. COLEMAN
D. J. CORN
MRS. M. E. DARLEY
A. DE FREITAS
MRS. M. ELLIOTT
R. J. ELLIS

D. EMSLEY
MRS. F. E. FRANKLIN, J.P.
L. GOSTELOW
MRS. J. M. R. HART
E. S. PARR
MRS. M. E. PICK
P. WILLING

STAFF OF THE HEALTH DEPARTMENT, 1971

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

R. G. HAUGHIE, M.B., Ch.B., D.P.H.

MEDICAL OFFICERS IN DEPARTMENT

EILEEN M. PRIOR, L.R.C.P., M.R.C.S. ·

MAIRE M. WARD, M.B., B.A.O., B.Ch.

J. BUCKINGHAM, M.B., Ch.B., D.P.H. (from 22.2.71)

CHIEF PUBLIC HEALTH INSPECTOR

A. MANSON, M.A.P.H.I. 1, 2.

PUBLIC HEALTH INSPECTORS

S. DAVIES, B.Sc., D.M.A. 1, 2, 3 (<i>Deputy Chief Inspector</i>)	D. ANDERSON (<i>Authorised Meat Inspector</i>)
W. W. REED, 1, 2 (<i>Principal Meat Inspector</i>)	A. H. BELLAMY (<i>Authorised Meat Inspector</i>)
R. FARNWORTH, D.M.S., A.M.B.I.M., 1, 2, 3 (<i>Principal District Inspector— Housing</i>)	T. H. R. JOHNSON (<i>Technical Assistant— Drainage</i>)
R. R. LINCOLN, 1, 2, 3 (<i>Principal District Inspector—Food</i>)	G. MARKHAM (<i>Drainage Assistant</i>) (from 6.9.71)
D. L. CHERRY, 3, 4 (<i>Senior District Inspector—Housing</i>)	R. W. Crampton (<i>Technical Assistant</i>) (to 11.4.71)
A. HENDERSON, 3, 4 (<i>Senior District Inspector</i>)	D. E. OVER (<i>Technical Assistant</i>) (to 30.10.71)
A. FENN, 1, 2, 3 (<i>Senior District Inspector</i>) (to 31.12.71)	K. C. CRIBB (<i>Technical Assistant</i>) (from 15.3.71)
H. JACKSON, 3, 4 (<i>Senior District Inspector</i>) (from 26.1.71)	F. BECKETT (<i>Technical Assistant</i>) (from 26.4.71)
M. J. DAVIE, 4 (<i>District Inspector</i>)	L. BRAMLEY (<i>Technical Assistant</i>) (from 1.11.71)
A. DOUGLAS (<i>Pupil</i>) (to 31.7.71)	D. J. HARTLEY (<i>Pupil—qualified as Public Health Inspector on 24.11.71</i>)
A. DOUGLAS, 4 (<i>District Inspector</i>) (from 1.8.71)	C. I. MANTLE (<i>Pupil</i>)

DIRECTOR OF NURSING SERVICES

MRS. I. HALDANE, 5, 6, 7

HEALTH VISITORS

MISS J. BELL, 5, 6, 7 (<i>Senior</i>)	MRS. M. HIGSON, 5, 6, 7 (from 1.10.71)
MRS. J. BARKER, 5, 6, 7 (from 1.10.71)	MRS. M. E. JOHNSON, 5, 6, 7
MRS. J. M. CRESWELL, 5, 6, 7 (from 1.10.71)	MRS. M. B. KOZLOWSKI, 5, 6, 7
MRS. M. DAWSON, 5, 6, 7	MISS V. A. PAYNE, 5, 6, 7
MRS. M. J. FREEMANTLE, 5, 6, 7 (to 31.3.71)	MRS. I. M. STOREY 5, 6, 7
	MISS E. M. TIPPLER, 5, 6, 7*

TUBERCULOSIS VISITORS

MISS D. ATKIN, 5, 6, 7	MRS. J. M. GREEN, 5* (from 22.3.71)
MRS. P. STRIDE, 5* (to 27.2.71)	

CLINIC NURSES

MRS. S. GARROD	MRS. G. WHITEHALL, 5*
MRS. M. COLEMAN, 5* (to 31.8.71)	MRS. R. V. PRANCE, 5* (to 12.2.71)
MRS. K. DONOCIK, 5* (from 25.5.71)	

HOME NURSING SERVICE

MRS. B. BILLINGHAM, 5 (*Senior*)

MRS. W. L. DAVIE, 5 (*Senior*)

and staff of 14 nurses and 4 part-time bathing attendants

DOMICILIARY MIDWIVES

MISS E. BAXTER, 5, 6

MISS G. A. BAXTER, 5, 6

MRS. C. BEDFORD, 5, 6

MRS. C. E. CALTHORPE, 5, 6*

MISS D. M. DAWSON, 5, 6* (to 31.3.71)

MRS. C. DAY, 5, 6

MRS. K. G. GILMOUR, 5, 6

MISS J. ORREY, 5, 6

MRS. J. YEOMANS, 6

AMBULANCE SERVICE

J. A. WHITE, Ambulance Officer (to 22.10.71)

and 6 Control, 33 Vehicle Crew and 2 Workshop staff

ADMINISTRATIVE AND CLERICAL

W. R. GALE (*Chief Administrative Assistant*)

D. AMERY, J.P. (*Administrative Assistant*)

MISS L. LEAK (*Senior*)

MRS. P. ALLEN

MISS C. L. BUTTERFIELD

MISS L. S. Y. KEYS (to 31.8.71)

MISS C. CRICKMORE (from 18.8.71)

Public Health Inspector's Section

S. NASH (*Senior*)

MISS L. S. Y. KEYS (from 1.9.71)

MRS. M. BROWN (to 12.9.71)

MISS S. M. MALKINSON (from 20.9.71)

MISS S. C. BARBER

MRS. M. KILLICK (from 16.9.71)

MRS. K. F. YOUNG (to 5.9.71)

Maternal and Child Welfare Service

MRS. J. A. POTTER (*Senior*)

MISS W. F. MOODY (*Welfare Foods*)

MRS. R. EARLEY

MRS. A. C. HOLLOWAY (*Welfare Foods*)

MRS. E. DUMELOW*

MRS. B. M. EVANS* (*Welfare Foods*)

Ambulance Service

MRS. P. BEALEY

MISS E. MATTERS

Home Nursing Service

MRS. M. S. P. JOHNSON

* Part-time appointment

1. Public Health Inspector's Certificate
2. Meat Inspector's Certificate
3. Smoke Inspector's Certificate
4. Public Health Inspector's Diploma
5. State Registered Nurse
6. State Certified Midwife
7. Health Visitor's Certificate

INTRODUCTION

To the Mayor, Aldermen and Councillors of Grimsby County Borough.

I have the honour to present the statutory Annual Report for 1971.

The health of the community continues at a most satisfactory level. There were no serious outbreaks of infectious diseases and the number of cases of dysentery was the lowest ever recorded, as was the contacts among food handlers. Tuberculosis remains steady at a very low incidence. It seems likely that it will never completely disappear, but modern treatment greatly reduces its threat to society.

The birth rate continues above the national average and there was no change in the illegitimacy rate. The infant mortality was lower than the previous year, and the perinatal mortality, which is an index of the efficiency of the medical and midwifery services, was significantly less than the national average.

Unfortunately, the report on venereal disease is not so happy. There has been a decided increase in cases of gonorrhoea and non-specific urethritis, but not one of syphilis. This may just be a bad year as there were actually more notified in 1965. However, the effects of a permissive society cannot be ignored and with more instruction in secondary schools, it is hoped will later on reduce these figures.

The National Health Service (Family Planning) Act of 1967 was fully implemented during the year. While the clinic at Milton Road is most successful, there is the usual problem of getting the women most in need to attend. The health visitors are being sent on special appreciation courses on this subject. Also, attachment to general practice may give the necessary impetus.

The Ambulance Service always seems to have more demands made upon it. The two day hospitals have thrown a great strain as these patients are expected to arrive and depart at a given time, which coincides with the peak periods of out-patient clinics. The use for the first time of lady drivers and an ambulance specially adapted for wheelchairs has helped considerably.

After the Maud Report on the Reform of Local Government, integration committees were set up in conjunction with the neighbouring authorities and useful information was exchanged. Then the sudden emergency of County Humberside meant that Grimsby officials have had to start from the beginning. Likewise, the new Health Act will raise a good many problems which will require a lot of planning in a comparatively short time.

It is earnestly hoped that the benefits derived by the consumer will be worth the effort involved.

I am grateful for the support received from the Chairman and members of the Health Committee, and hope that one day soon they will recommend the fluoridation of the public water supply!

R. GLENN
Medical Officer of Health.

Health Department,
Queen Street,
GRIMSBY.
June, 1972.

PART I.—STATISTICAL INFORMATION**SUMMARY OF STATISTICS**

Area (in acres)—including foreshore	...	...	...	...	7,530
Rainfall	...	...	...	...	21.16"
Population (Census 1951)	...	...	...	...	95,681
Population (Census 1961)	...	...	...	...	97,955
Population (Census 1971)	...	...	...	...	95,685
Population (Registrar General's Estimate, Mid-1971)	...	...	...	...	95,610
No. of inhabited houses (end of 1971) according to Rate Books	...	...	...	...	31,165
Rateable value at 1st April, 1971	...	...	...	...	£4,462,593
Sum represented by a penny rate product, 1971/72	...	...	...	...	£43,292

Live Births:—

	Males	Females	Total
Legitimate	766	738	1,504
Illegitimate	107	99	206
	873	837	1,710

Live birth rate per 1,000 population	...	...	...	17.9
Adjusted live birth rate (area comparability factor 1.02)	...	...	...	18.3
Illegitimate live births (per cent. of total live births)	...	...	...	12.0

Stillbirths:—

Legitimate	9	7	16
Illegitimate	1	2	3
	—	—	—
	10	9	19

Stillbirths rate per 1,000 total live and still births	...	...	...	11.0
Total live and still births	...	...	...	1,729

Infant deaths:—

Legitimate	17	14	31
Illegitimate	3	2	5
	—	—	—
	20	16	36

Infant mortality rates:—

Total infant deaths per 1,000 total live births	...	...	21.0
Legitimate infant deaths per 1,000 legitimate live births	...	...	21.0
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	24.0

Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	...	...	9.0
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	...	...	8.0
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	...	...	19.0

Maternal mortality (including abortion):—

Number of deaths	...	...	...	...	...	...	Nil
Deaths (Males 572; Females 547)	...	...	...	...	...	...	1,119
Death Rate	...	...	...	...	...	...	11.7
Adjusted death rate (area comparability factor 1.08)	...	...	...	...	...	...	12.6

		No.	Rate
Deaths from measles	Nil
,, " whooping cough	Nil
,, " diphtheria	Nil
,, " tuberculosis	4 0.04
,, " cancer	227 2.37
,, " influenza	Nil

VITAL STATISTICS

Population.—The Registrar General estimated the home population of Grimsby County Borough at mid-year 1971 to be 95,610, which is 410 less than his estimate for the previous year. The natural increase of the population, i.e. the excess of live births over deaths, was 591.

Births.—Live births registered totalled 1,710 (873 males and 837 females), giving a crude birth rate of 17.9 per thousand of the population, which when multiplied by the Registrar General's area comparability factor of 1.02, gives a corrected rate of 18.3. This rate continues to be above the average for England and Wales as the following table shows:—

Year	Population	Number of Live Births	Live Birth Rate per 1,000 population (corrected)	England and Wales
1962	96,780	2,031	21.0	18.0
1963	96,350	1,939	20.5	18.2
1964	95,300	1,960	20.9	18.5
1965	95,150	1,834	19.6	18.1
1966	95,030	1,794	19.2	17.7
1967	95,110	1,816	19.5	17.2
1968	97,030	1,762	18.6	16.9
1969	96,500	1,740	18.4	16.3
1970	96,020	1,627	17.2	16.0
1971	95,610	1,710	18.3	16.0

Illegitimate births numbered 206 or 12 per cent. of the total live births, compared with 198 and 12.2 per cent. respectively for 1970.

Stillbirths.—Nineteen stillbirths were registered, giving a rate of 0.20 per thousand of the population. The rate expressed per thousand total live and still births was 11, compared with 12 for England and Wales.

Deaths.—There were 1,119 deaths of Grimsby residents (572 males and 547 females), giving a crude death rate of 11.7 per thousand of the population, which when applying the Registrar General's area comparability factor of 1.08, gives a corrected rate of 12.6.

The causes of death in age periods compiled from figures supplied by the Registrar General are given in Table 1, page 14, while the following table shows the number of deaths and the corrected death rates for Grimsby for the last decennium, compared with the rates for England and Wales:—

Year	Number of Deaths	Death Rate per 1,000 population (corrected)	England and Wales
1962	1,153	13.3	11.9
1963	1,077	12.5	12.2
1964	1,099	12.9	11.3
1965	1,086	12.3	11.5
1966	1,043	11.9	11.7
1967	1,085	12.3	11.2
1968	1,052	11.9	11.9
1969	1,156	13.1	11.9
1970	1,198	13.5	11.7
1971	1,119	12.6	11.6

Seven hundred and fifty-eight (56.7 per cent.) of the total deaths of residents and non-residents registered (1,336) occurred in institutions in the Borough. Last year the percentage was 53.2.

Deaths of Grimsby residents 70 years of age and upwards totalled 647 (57.8 per cent.) compared with 713 and 59.5 per cent. respectively for 1970, the numbers at age periods being:—

		Males	Females	Total
Between 70 and under 75 years	...	77	75	152
" 75 "	80 "	68	94	162
" 80 "	85 "	66	111	177
" 85 "	90 "	34	74	108
90 years and over	...	16	32	48

Infant Mortality.—(Table 2, page 15). The number of deaths occurring in infants under one year of age was 36, giving an infant mortality rate of 21 per thousand live births, compared with 18 for England and Wales. The infant mortality rate per thousand legitimate live births was 21, and illegitimate live births 24; for England and Wales it was 17 and 24 respectively.

Neo-Natal Mortality.—Sixteen of the deaths recorded above were of infants under four weeks, equal to a rate of 9 per thousand live births; for England and Wales it was 12. Deaths of infants under one week totalled 14, giving an early neo-natal mortality rate of 8 per thousand live births, compared with 10 for England and Wales.

Perinatal Mortality.—The perinatal mortality rate is the combined number of stillbirths and deaths of infants under one week expressed as a rate per thousand total live and still births.

Nineteen stillbirths and 14 deaths in the first week of life occurred in 1971, equal to a perinatal mortality rate of 19, compared with 22 for England and Wales.

The following table gives a summary of the various infant mortality rates in the past ten years:—

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Infant Mortality	23.6	19.1	15.3	16.9	26.2	22.6	20.4	17.0	25.0	21.0
Neo-natal Mortality	13.3	11.3	9.7	13.1	16.7	13.2	13.0	9.0	16.0	9.0
Early Neo-natal Mortality	11.3	9.8	7.6	11.4	15.0	12.1	13.0	6.0	14.0	8.0
Perinatal Mortality	23.8	29.3	22.6	28.4	36.5	28.2	26.3	20.0	26.0	19.0
Stillbirth	12.6	19.7	15.0	17.1	21.8	16.2	13.4	14.0	12.0	11.0

Maternal Mortality.—No deaths occurred of Grimsby residents during the year.

Cancer.—A total of 227 deaths (115 males and 112 females) were ascribed to cancer, giving a local death rate from this cause of 2.37, compared with 2.39 for England and Wales. These rates are identical to those for the previous year.

Cancer of the lung and bronchus accounted for 57 of these deaths, equal to a rate of 0.59 per thousand population for Grimsby; for England and Wales it was 0.63. The corresponding rates for 1970 were 0.65 and 0.62 respectively.

Other cancer death rate was 1.78 (England and Wales 1.76), compared with 1.72 and 1.77 respectively for the previous year.

SITE	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Stomach	21	23	26	36	31	20	31	24	29	25
Lung and Bronchus	55	47	51	56	57	55	52	78	63	57
Breast	21	9	16	20	13	23	16	22	25	23
Uterus	9	7	8	8	7	9	12	12	8	11
Other Sites	90	103	113	96	109	107	108	103	103	111
TOTALS	196	189	214	216	217	214	219	239	228	227

Table 1. Causes of and Ages at Death during the Year 1971
 (as compiled from figures supplied by the Registrar General)

CAUSE OF DEATH	All Ages			Under 1-yr.	Age in Years									
	Total	Males	Fem		1-	5-	15-	25-	35-	45-	55-	65-	75-	
All Causes	1119	572	547	36	4	12	12	8	27	73	173	276	498	
Tuberculosis of Respiratory System	2	1	1									1	—	1
Late effects of Respiratory Tuberculosis	2	1	1									2	—	—
Other Infective and Parasitic Diseases	1	1	—									1	—	—
Malignant Neoplasm, Buccal Cavity, etc.	2	—	2									2	—	—
do. Oesophagus	5	2	3									—	4	—
do. Stomach	25	13	12									7	12	—
do. Intestine	32	14	18									8	12	—
do. Larynx	1	1	—									1	—	—
do. Lung, Bronchus	57	48	9									16	20	12
do. Breast	23	—	23									6	2	5
do. Uterus	11	—	11									3	4	2
do. Prostate	8	8	—									2	6	—
Leukaemia	5	4	1									2	1	—
Other Malignant Neoplasms	58	25	33									11	18	17
Benign and Unspecified Neoplasms	4	—	4									1	3	—
Diabetes Mellitus	10	2	8									2	8	—
Avitaminoses, etc.	1	1	—									1	—	—
Other Endocrine etc. Diseases	1	—	1			1								—
Anaemias	5	1	4										5	—
Mental Disorders	3	—	3										3	—
Meningitis	1	1	—											—
Other Diseases of Nervous System, etc.	5	3	2									3	2	—
Chronic Rheumatic Heart Disease	6	3	3									1	2	2
Hypertensive Disease	39	12	27									1	11	23
Ischaemic Heart Disease	299	180	119									27	54	90
Other forms of heart disease	38	15	23									3	9	23
Cerebrovascular Disease	140	58	82									20	22	93
Other Diseases of Circulatory System	41	16	25									2	7	32
Pneumonia	56	25	31	2								2	12	39
Bronchitis and Emphysema	91	67	24									21	30	32
Asthma	3	1	2									2	—	—
Other Diseases of Respiratory System	22	11	11	17								1	3	2
Peptic Ulcer	7	4	3	—								1	1	2
Intestinal Obstruction and Hernia	4	2	2	1								2	—	1
Cirrhosis of Liver	6	2	4	—								1	1	4
Other Diseases of Digestive System	14	3	11									1	4	9
Nephritis and Nephrosis	4	3	1									1	2	1
Hyperplasia of Prostate	3	3	—									1	1	2
Other Diseases, Genito-Urinary System	7	2	5									2	2	3
Diseases of Skin, subcutaneous tissue	3	—	3											3
Diseases of Musculo-Skeletal System	3	—	3										1	2
Congenital Anomalies	8	4	4	5	1									—
Other causes of Perinatal Mortality	11	6	5	11										8
Symptoms & Ill-defined Conditions	8	3	5	—										—
Motor Vehicle Accidents	21	14	7	—								1	1	4
All other Accidents	18	10	8	—								1	3	4
Suicide and Self-Inflicted Injuries	2	2	—									1	1	—
All other External Causes	3	—	3	—								1	1	—

Table 2. Infantile Mortality during the year 1971
 Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 Year
All causes		14	1	—	1	16	9	10	1	—	36
Haemorrhagic conditions		2	—	—	—	2	—	—	—	—	2
Pneumonia		—	—	—	1	1	—	1	—	—	2
Other respiratory diseases		1	—	—	—	1	7	8	1	—	17
Other intestinal obstruction		1	—	—	—	1	—	—	—	—	1
Congenital hydrocephalus		—	—	—	—	—	2	1	—	—	3
Congenital malformations of digestive system		1	—	—	—	1	—	—	—	—	1
Other congenital malformations		—	1	—	—	1	—	—	—	—	1
Haemolytic disease of newborn		1	—	—	—	1	—	—	—	—	1
Immaturity without mention of disease		8	—	—	—	8	—	—	—	—	8
TOTALS		14	1	—	1	16	9	10	1	—	36

PART II.—CONTROL OF INFECTIOUS DISEASES

NOTIFIABLE INFECTIOUS DISEASES

Incidence.—The total number of cases of notifiable disease reported during the year is shewn by age and sex distribution in Table 3 on page 17, and represents the lowest number of notifications received in any year over the past 25 years.

Dysentery.—Only 3 cases of this disease were reported, 34 less than in 1970. One patient was treated in hospital and in none of the cases was any organism identified.

Infective Jaundice.—Nine notifications (7 males and 2 females) were received, compared with 130 the previous year. Two cases were admitted to hospital and no deaths occurred.

Measles.—Notifications totalled 301 (143 males and 158 females) against 1,432 last year. Three patients received hospital treatment and no deaths were ascribed to this disease.

Scarlet Fever.—Ninety-eight notifications (56 males and 42 females) were received, 37 more than in 1970. One of the cases was admitted to hospital.

Whooping Cough.—A total of 70 cases (35 of each sex) were notified, an increase of six on the previous year. Five patients were treated in hospital and no deaths occurred.

Cases, Contacts or Carriers of Infectious Diseases.—The employers of 2 cases (one of each sex) of infectious disease engaged in the handling of food were notified that the person concerned should not resume employment until the medical officer of health certified that it was safe to do so.

Four contacts or carriers (two of each sex) also employed in the handling of food were issued with certificates of exclusion from work.

Table 3. Cases of Infectious Diseases notified during the year 1971.

18
TUBERCULOSIS

Notifications.—A total of 24 cases (20 pulmonary and 4 other forms) were notified. In addition 3 cases already reported in other areas moved into the Borough.

New cases of tuberculosis notified during the year are shown by age and sex in Table 3 on page 17, and the following gives the number of notifications in the past ten years:—

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Pulmonary	61	34	39	47	34	22	40	23	19	20
Other forms	8	12	8	6	8	8	9	3	4	4
TOTALS	69	46	47	53	42	30	49	26	23	24

The number of cases on the Tuberculosis Register at the end of the year was 549 (502 pulmonary and 47 other forms).

Deaths — The following records the number of deaths for the last decennium :—

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Pulmonary	6	5	6	3	5	4	5	1	4	4
Other forms	1	3	1	—	—	1	—	4	—	—
TOTALS	7	8	7	3	5	5	5	5	4	4

The death rate from all forms of tuberculosis for 1971 was 0.04, compared with 0.03 for England and Wales.

Revision of Register.—Sixty-one notified persons were removed from the current register during the year, as follows:—

Left district ...	...	...	...	...	...	...	...	5
Recovered or cured	...	...	...	...	...	...	...	38
Tuberculosis deaths	...	...	...	...	...	...	...	4
Died from causes other than tuberculosis	...	...	...	...	...	...	...	14

Mass Radiography.—The Lincolnshire Mass Radiography Unit visited Grimsby in July/August and the following information is available:—

Miniature films taken	...	...	...	...	...	...	4,770
Recalled for large films	...	...	...	...	...	...	34
Referred to Chest Clinic	...	...	...	...	...	...	16
Cases of pulmonary tuberculosis requiring							
(a) close clinic supervision or treatment	...	...	...	...	...	...	1
(b) occasional supervision/no treatment	...	...	...	...	...	...	1
Post primary inactive pulmonary tuberculosis	...	...	...	...	...	...	5
Sarcoidosis	...	...	...	...	...	...	1

Chest Clinic.—The following is a general analysis of the work carried out in regard to Grimsby patients at this clinic during the year, supplied by Dr. J. Glen, Consultant Chest Physician.

New cases examined (excluding contacts)		Total
(a) Definitely tuberculous	19	
(b) Diagnosis not completed	54	
(c) Non-tuberculous	1,682	1,755

Contacts examined:

(a) Definitely tuberculous	4	
(b) Diagnosis not completed	15	
(c) Non-tuberculous	205	224

Cases written off Clinic Register, including 1,940 non-tuberculous 2,087

Cases on Clinic Register as at 31st December :-

(a) Definitely tuberculous	487	
(b) Diagnosis not completed	69	556

Total attendances at clinic, including contacts 4,626

Consultations with medical practitioners 4,311

Home visits by nurses 2,302

X-ray examination—radiographic films 2,924

The number of new diagnosed cases was 20 pulmonary and 4 non-pulmonary, which shows that the low figures are being maintained.

The B.C.G. campaign has now been in existence for many years and on the whole has been directed mainly to those under the age of 15 years so far as this clinic is concerned. The result of this form of immunity is apparent in the ever lessening number of new cases of tuberculosis in this particular age group. There has been a slight increase in cases of tuberculosis in the older population, many of whom are cases who were treated in the distant past by ineffective methods.

The number of deaths from tuberculosis was 4, thus maintaining the exceptionally low figure in recent years. This emphasises the vast changes that have taken place in the successful modern methods of treatment and co-operation in all branches of the hospital service, but it is interesting to note that only one case was found at post-mortem and that the disease was not evident while the patient was living and therefore no treatment was given.

Non-tuberculous conditions requiring investigation referred to the clinic and either diagnosed there or through in-patient treatment in the chest hospital during the year, were as follows:—

		Men	Women	Children
Cancer	...	35	17	—
Bronchiectasis	...	1	1	—
Asthma	...	11	22	10
Unresolved pneumonia	...	10	13	—
Non-tuberculous effusion	...	2	1	—
Spontaneous pneumothorax	...	5	—	—
Cardiac	...	33	13	—
Other conditions	...	25	13	1
Totals	...	122	80	11

There is a further slight reduction in cancer in males, with a slight increase in the females.

The following shows the number of new cases referred to the clinic by general medical practitioners, institutions, clinics, etc., in the past five years:—

		Men	Women	Children	Total
1967	...	935	800	215	1,950
1968	...	814	603	274	1,691
1969	...	1,111	849	279	2,239
1970	...	1,107	864	212	2,183
1971	...	1,002	772	204	1,978

The work load remains high and indicates that the general practitioners are using the facilities to the full.

Preventive Care.—This branch of the work embraces many sections and perhaps one outstanding example is the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child (say under four years) with a positive tuberculin test, but who is apparently well and symptomless, institutional anti-tuberculous drug treatment has been resorted to as a preventive measure and will continue to do so.

It is gratifying to find that no child under clinic supervision in this category has had any serious tuberculous condition.

The B.C.G. Vaccination scheme continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, tuberculin testing and radiological examination. The investigation into infant contacts has continued to a marked degree and experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants. The day will be welcomed when this preventive measure can be offered to all children and become a routine vaccination at birth, instead of at 13 years of age.

The number of successful B.C.G. Vaccinations was:—

	Men	Women	Children	Total
Contacts ...	4	3	100	107
On behalf of local authority	6	11	93	110
Hospital staffs ...	2	14	—	16
Hospital in-patients ...	1	1	3	5
—	13	29	196	238
—	—	—	—	—

The reduction in the number of contacts vaccinated is due to the decreasing number of cases of tuberculosis on the chest clinic register.

B.C.G. Vaccination is given at birth in the two maternity hospitals in the area of the Grimsby Hospital Management Committee and in a private nursing home where there is a maternity wing. The babies are later seen at the clinic to ascertain that vaccination has been successful.

The number of contacts seen through the clinic is reflected in the vigilance of the health visitors bringing them along for investigation. The majority of contacts diagnosed as having tuberculosis would have escaped detection for a long time but for the facilities available for this form of testing. The ascertainment of such cases is important as they are often found to have a minor degree of disease.

VENEREAL DISEASES

The Special Treatment Centre, which is under the administrative control of the Grimsby Hospital Management Committee, is now housed in purpose-built premises within the grounds of the Scartho Road Hospital.

The Centre is open from Monday to Friday from 10 a.m. to 12.30 p.m. and from 2 to 6 p.m., and also on Saturday from 10 a.m. to 12 noon.

The following table shows the incidence of this disease in Grimsby over the past ten years:—

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Syphilis	7	31	8	12	5	9	7	5	5	—
Gonorrhoea	75	27	43	101	78	59	39	66	64	102
Other conditions	325	150	151	195	189	167	148	185	139	202
TOTALS	407	208	202	308	272	235	194	256	208	304

The Consultant Venereologist prefers to trace contacts through the staff at the Special Treatment Centre and has not asked for the assistance of the Health Department in this respect during the year.

A new venture by two comprehensive schools, who have introduced a series of talks (illustrated by films) on venereal diseases, was commenced during the year. Encouraging interest was shown by the pupils and their parents, and it is hoped that this will be taken up by other schools.

The arrangement has continued whereby the Port Health Inspectors circulate to shipping details of the location and time of sessions of the Special Treatment Centre, and similar information is displayed in all public conveniences.

PART III.—LOCAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics.—As in previous years, six premises were utilised, only three of which were purpose built. A total of eight sessions were held weekly as follows:—

Hope Street Welfare Centre	Tuesday & Thursday, 2 p.m.
Watkin Street Welfare Centre	Tuesday & Thursday, 2 p.m.
St. Michael's Church Hall, Littlecoates Road	Tuesday, 2 p.m.
Milton Road Welfare Centre	Wednesday, 2 p.m.
Louth Road Methodist Church Hall	Friday, 2 p.m.
Old Clee Church Hall	Friday, 2 p.m.

These sessions afforded full immunisation and vaccination programmes.

Building was commenced on a new Welfare Centre in Cromwell Road to replace the one in Watkin Street, which is in a redevelopment area and due for demolition. It is anticipated that this new clinic will be ready for occupation early next year.

Attendances:—

		1971	1970
Under 1 year	...	12,743	12,565
Between 1 and 2 years	...	2,231	2,190
		<hr/>	<hr/>
		14,974	14,755

Toddlers' Clinics.—These were held twice weekly in the following purpose-built Centres, and attended by children aged 18 months to 4 years. An appointment system was employed, and attendances totalled 1,683 compared with 1,679 last year.

Hope Street ... Wednesday and Friday, 10 a.m. to 12 noon
 Watkin Street ... Wednesday 2 to 4 p.m., Friday 10 a.m. to 12 noon
 Milton Road ... Monday and Thursday, 2 to 4 p.m.

Distribution of Welfare Foods.—This was continued at the Infant Welfare Centres during clinic sessions and at the Victoria Street premises during normal shop hours on weekdays and Saturday mornings. The amounts of the various materials involved are shown below. Vitamin drops were available from the beginning of April to replace Welfare cod liver oil, which was discontinued during the year. At the end of the year, orange juice ceased to be a Welfare Food, and Vitamin C tablets became available in its stead.

		1971	1970
National Dried Milk, cartons	...	19,660	23,940
Orange juice, bottles	...	19,754	19,937
Cod liver oil, bottles	...	453	1,154
A & D vitamin tablets, packets	...	1,213	1,749
Vitamin drops, bottles	...	1,757	—

Courses in Mothercraft.—These were run concurrently with the classes in psychoprophylactic preparation for childbirth and consisted of one class meeting once weekly for 8 weeks. Attendances were 874 (968 for 1970).

Parents' Club.—Meetings were held regularly at the Watkin Street Infant Welfare Centre and continued to be popular. The sessions were devoted to social and educational activities, and attendances numbered 601 compared with 744 for the previous year.

Ante-natal clinics.—The municipal midwives continued to hold their booking and ante-natal sessions once weekly at the Hope Street, Watkin Street and Milton Road Centres. A medical officer was in attendance on a part-time basis only, and at the Milton Road Centre sessions only. 117 women attended (185 in 1970).

Post-natal clinics.—The few women who took advantage of this service were seen at the ante-natal sessions. Total attendances were 11, five more than last year.

Notification of Births.—There were notified 1,943 live births and 43 still-births, compared with 1,782 and 42 respectively for 1970.

Infant Mortality—		1971		1970	
		Rate (per 1,000 No. live births)		Rate (per 1,000 No. live births)	
Infant Mortality ...	... 36	21		41	25
Neo-natal Mortality ...	16	9		26	16

Causes of death in the neo-natal period were—

Immaturity	8	Pneumonia ... ... ...	...	...	...	1
Congenital malformations	2	Other respiratory diseases ...	...	...	...	1
Haemorrhagic conditions	2	Intestinal obstruction ...	...	...	...	1
		Haemolytic disease of newborn	1			

Causes of death over 1 month were—

Other respiratory disease ...	16	Congenital hydrocephalus ...	...	3
		Pneumonia 1		

PREMATURITY

Weight at birth	Premature live births											
	Born in hospital				Born at home or in a nursing home				Transferred to hospital on or before 28th day			
	Total Births		Died		Total Births		Died		Total Births		Died	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1. 2lb. 3oz. or less ..	3	3	—	—	—	—	—	—	—	—	—	—
2. Over 2lb. 3oz. up to and including 3lb. 4oz. ..	8	3	—	—	—	—	—	—	—	—	—	—
3. Over 3lb. 4oz. up to and including 4lb. 6oz. ..	10	—	1	1	—	—	—	—	—	—	—	—
4. Over 4lb. 6oz. up to and including 4lb. 15oz. ..	27	—	1	—	—	—	—	—	1	—	—	—
5. Over 4lb. 15oz. up to and including 5lb. 8oz. ..	47	—	—	—	3	—	—	—	—	—	—	—
6. Totals	95	6	2	1	3	—	—	—	1	—	—	—

				1971	1970
Total premature live births	...	...	...	99	121
Births in hospital	...	...	...	95	117
Born at home	...	...	...	4	4
Percentage surviving at 28 days—					
Total	...	...	...	...	91
Born in hospital	...	...	...	...	90
Born at home	...	...	...	...	100
Born at home and transferred to hospital	...	...	...	...	100
Stillbirths—				1971	1970
Total number notified	...	...	...	43	42
Outward transfers	...	...	...	27	23
Occurring at home	...	...	...	1	1
Occurring in hospital	...	...	...	42	41
Associated with prematurity	...	...	...	17	28
Macerated	...	...	...	15	16
Contributory causes were—					
Congenital defect	...	...	10	Rhesus incompatibility	...
Ante-partum haemorrhage	...	10		Obstructed labour	...
Abnormality of cord	...	8		Prematurity	...
Pre-eclamptic toxæmia	...	4		Multiple pregnancy	...
Not known		5			

The following tables are included to give an indication of the range of (a) period of gestation and (b) birth weight.

Period of gestation		Weight of foetus	
30 weeks	...	Under 2 lbs.	...
31 "	...	2 lbs. and under 3 lbs.	...
32 "	...	3 lbs.	4 lbs.
33 "	...	4 lbs.	5 lbs.
34 "	...	5 lbs.	6 lbs.
35 "	...	6 lbs.	7 lbs.
36 "	...	7 lbs.	8 lbs.
37 "	...	8 lbs.	9 lbs.
38 "	...	9 lbs.	10 lbs.
39 "	...		
40 "	...		
41 "	...		
42 "	...		
Not known	...	1	

Maternal Mortality.—No maternal death was reported.

Family Planning.—The National Health Service (Family Planning) Act of 1967 was fully implemented during the year with the Lincolnshire Branch of the National Family Planning Agency scheme.

New cases enrolled totalled 578 and service was continued for 829. The total attendances for Grimsby residents were 3,301.

The Health Clinic in Milton Road offers a very full service, which includes investigation of sub-fertility and marital problems.

An analysis of new registrations by the method chosen at the first visit, was as follows:—

Oral contraceptives	...	...	318
Intra-uterine devices	...	...	167
Others	...	...	51

In addition to the above, 41 cases took advantage of consultation alone without choice of method.

The "At Risk" Groups.—At 31st December there were 973 names on the Register, 512 of which had been placed thereon during the year under review.

Notifications of Congenital Malformations.—There were 37 notifications (26 for the previous year), and these are shown below:—

Talipes ...	...	...	8	Other congenital malformations	1
Spina bifida	...	...	7	Hydrocele	1
Hypopspadias	...	...	5	Malformation of respiratory sys-	
Congenital dislocation of hip	...	3	tem	...	1
Spina bifida and Hydrocephalus	3		Exomphalus	...	1
Anencephalus	...	2	Malformation of leg or pelvis	...	1
Syndactyly	...	1	Spina bifida and Talipes	...	1
Cataract and corneal opacity	...	1	Cleft lip and cleft palate	...	1

Ophthalmic Treatment.—Twenty-one cases were referred from Maternal and Child Welfare Clinics, the same as last year.

Ophthalmia Neonatorum and Pemphigus Neonatorum.—No case was notified.

Orthopaedic Treatment.—There were 6 cases of referral from Infant Welfare Centres, 23 less than in 1970.

Children in Care.—At the request of the Director of Social Services, 26 children were medically examined prior to placing with foster parents (39 last year).

Children for Adoption.—At the request of the Lincoln Diocesan Committee for Social Responsibility, 17 babies were medically examined prior to being placed for adoption.

DENTAL SERVICE FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A Attendances and Treatment

Number of Visits for Treatment during year:	Children 0-4 (incl.)	Expectant and Nursing Mothers
First visit	245	89
Subsequent visits	40	152
Total visits	285	241
Number of additional Courses of Treatment other than the First Course commenced during year..	5	—
Treatment provided during the year:		
Number of Fillings	49	183
Teeth Filled	41	149
Teeth Extracted	565	257
General Anaesthetics given	231	65
Emergency visits by Patients	90	15
Patients X-Rayed	—	1
Patients treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis) ..	7	16
Teeth otherwise conserved	2	—
Teeth Root Filled	—	2
Inlays	—	—
Crowns	—	2
Number of Courses of Treatment completed during the year	247	64

Part B. Prosthetics

Patients supplied with F.U. or F.L. (First Time) .. ..	..	11
Patients supplied with other dentures .. ..	..	11
Number of dentures supplied .. .. ..	..	33

Part C. Anaesthetics

General Anaesthetics administered by Dental Officers	—
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Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of patients given First Inspections during year	277	68
Number of Patients who required treatment	246	67
Number of Patients who were offered treatment	240	67

Part E. Sessions

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients.

For Treatment .. .. .. .. ..	..	65
For Health Education .. .. .. .. ..	..	—

MIDWIFERY

There were 83 domiciliary deliveries, a reduction of 9 on the previous year.

Two domiciliary midwives attended refresher courses. Two pupil midwives completed a course of district training by June, which included the approved community care programme to portray more fully the community services a patient may require.

The Central Midwives Board issued a letter in March advising a revised programme of training which remained optional until the end of the year. In future the pupil midwives will be required to compile three complete case studies of patients delivered at home or in hospital, with a follow up to the end of the neonatal period of 28 days.

Ante-Natal Sessions with General Medical Practitioners.—Communication and co-operation with the general medical practitioners is very good, and four midwives continue to attend ante-natal sessions on a rota system in group practices in which ante-natal clinics are held.

HEALTH VISITING

With a staffing complement of 7 full-time and 1 part-time, all energies and every effort was required to keep the status quo, a situation which existed throughout the major part of the year. This was achieved first of all by staff goodwill, consideration and loyalty, and secondly by agreeing upon priorities at regularly held staff meetings.

A total of 13,671 visits were made to children under 5, 370 less than in the previous year.

In April, this section was transferred to offices which also housed the administrative section of the Health Department, and for the first time the administrators shared the same purpose-built offices. The health visitors had also to be re-housed and they agreed to form three teams, each being based at the three purpose-built clinics—an arrangement which had the usual early growing pains, but eventually settled to function quite well.

Courses attended by the health visitors during the year were as follows:—

Weekend Seminar on Psychoprophylaxis, London (1)

General Medical Practitioner Attachment Schemes, Lincoln Training College (1)

Health Visitor Preparation for Teaching in Schools, Horncastle (3)

Hearing Testing Techniques, London (1)

Family Planning Appreciation (1-day) Course, Horncastle (4)

The health visiting and district nursing teams are now working very closely together. Families, too, now know where to meet the health visitor, irrespective of clinic sessions.

Attachment of Health Visitors to General Medical Practitioners.—Three students qualified and joined the full-time staff in October, which enabled two health visitors to be considered for full attachment. In both cases there had previously been a form of loose attachment, which had proved to be very satisfactory. The two health visitors are still based at the clinics, but they no longer follow a geographical area as all their work is related to a doctor's practice. One health visitor is attached to a group practice of three doctors and one single practitioner, and the other to a group of two practitioners, plus two single practices, and their amount of local authority work was altered accordingly. The remaining health visitors continued with good liaison and loose attachment.

Psychoprophylaxis.—All the health visitors participate in turn in these regularly held classes, which are always popular and very well attended. The evening sessions are also well attended and are especially planned for fathers to be.

Special mothercraft classes were also arranged for adopting parents in conjunction with the Social Worker for Moral Welfare. A panel of "Any Questions" took place at the end of the course.

Parents' Club.—A parents committee, along with the interest and guidance of a health visitor, has been responsible for the continuance of this still very popular bi-weekly autumn and winter event. The committee is a lively and keen group of mothers covering a wide age range who consequently planned a well balanced programme of educational and social content.

HOME NURSING SERVICE

The whole-time establishment of this Service at the end of the year was:—

2 Senior Nurses (S.R.N.) and (S.R.N., Q.N.)

8 Queen's and District Trained Nurses

5 State Registered Nurses

1 District Trained Male Nurse

2 Part-time Bathing Attendants

There was quite an unusual amount of staff movement during the year, which for periods necessitated employing part-time nurses as well as other ancillary help—a reorganisation which seems to be working well. The district nurses operate in three teams based at the main clinics. Each team elects a leader at regular intervals and this person accepts responsibility for all communication with the central office.

A senior nurse attended a ten-day course in Practical Work Instruction, arranged by the Queen's Institute of District Nursing, and two nurses also successfully completed a course of district training on a day release basis, organised by the Lindsey County Council.

The elderly chronic sick continue to be the largest group receiving treatment. Some of these now attend the local Geriatric Day Hospital, but this has not necessarily reduced the domiciliary nursing care, e.g. those who live alone or with relatives who are also elderly still require assistance with toilet and dressing in readiness for the arrival of the ambulance. The Consultant Geriatrician arranges case conferences periodically when planning for the discharge or any other aspect of the care or after-care of patients. Representatives of the various services then meet for discussion and co-operation, which results in fuller care for the patient.

There has been no change in the method of co-operation with general medical practitioners and the system of reporting regularly directly to the doctor has improved communication enormously and is very well used.

During the year the Service was fortunate to receive a gift of three ripple beds, two from a grateful patient and the other from the Nunsthorpe Ladies' Keep Fit Group. In addition, several of the secondary schools gave the whole of the produce of their Harvest Festival for distribution to patients in need.

The following shows the work done:—

Cases being nursed on 1st January ...	...	408
 New cases nursed during the year:—		
Adults	910	
Children 5 to 15 years of age ...	... 12	
Children under 5 years of age ...	... 5	
	—	927
Total ...	1,335	—

The figures given below show the total cases and number of visits for the past five years:—

Year	New Cases	Total Cases	Visits
1967	847	1,161	46,676
1968	826	1,152	49,379
1969	922	1,256	49,351
1970	941	1,304	48,237
1971	927	1,335	48,564

Summary of New Cases Nursed

ADULTS

Notifiable diseases:—

Tuberculosis	...	...	...	...	...	...	—
Others	...	...	...	...	...	...	4

Maternal:—

Post-Natal pyrexia	...	...	...	...	...	...	—
Miscarriage	...	...	...	...	...	...	1
Others	...	...	...	...	...	...	23

Surgical:—

Acute	...	...	...	...	...	...	19
Chronic	...	...	...	...	...	...	211

Medical:—

Anaemia	...	...	...	...	...	...	68
Diabetes	...	...	...	...	...	...	18
Broncho-pneumonia	...	...	...	...	...	...	4
Bronchitis	...	...	...	...	...	...	21
Other chest conditions	...	...	...	...	...	...	5
Rheumatic conditions	...	...	...	...	...	...	38
Cerebral haemorrhage—under 60	...	...	...	...	...	...	3
" " over 60	...	...	...	...	...	...	86
Cancer	...	...	...	...	...	...	118
Ear, nose and throat	...	...	...	...	...	...	3
Gynaecological	...	...	...	...	...	...	20
Cardiac disease	...	...	...	...	...	...	37
Disseminated sclerosis	...	...	...	...	...	...	13
Senility	...	...	...	...	...	...	90
Enemata	...	...	...	...	...	...	50
Others	...	...	...	...	...	...	78

CHILDREN 5 to 15 YEARS OF AGE

Medical	...	...	...	...	...	...	8
Surgical	...	...	...	...	...	...	4

CHILDREN UNDER 5 YEARS OF AGE

Medical	...	...	...	...	...	...	2
Surgical	...	...	...	...	...	...	3
Total						...	927

Injections.—The nursing staff gave injections to 147 patients in their homes, as follows:—

Diabetics (insulin)	...	...	...	...	...	...	14
Antibiotics	...	...	...	...	...	...	5
Diuretics	...	...	...	...	...	...	7
Anti-Anaemia	...	...	...	...	...	...	71
Cortisone	...	...	...	...	...	...	17
Other special injections	...	...	...	...	...	...	33

VACCINATION AND IMMUNISATION

General.—The Department of Health and Social Security, on the advice of the Joint Committee on Vaccination and Immunisation, decided that the routine vaccination of infants is no longer necessary and therefore need not be recommended as a routine procedure in early childhood. The Chief Medical Officer recommends, however:—

- (1) That all travellers to and from areas of the world where smallpox is endemic should be protected by recent vaccination, and—
- (2) Health Service staff and those likely to come in contact with patients should be offered vaccination and regular re-vaccination.

Diphtheria immunisation.—A total of 1,698 children received the complete course of inoculations as against 1,545 the previous year, and the following shows the immunisation state for the past five years:—

Year	Under 5 years	5-15 years	Total
1967 ...	1,430	229	1,659
1968 ...	1,288	340	1,628
1969 ...	1,128	248	1,376
1970 ...	1,163	382	1,545
1971 ...	1,219	479	1,698

Re-inforcing injections were given to 2,615 children compared with 2,774 last year.

Whooping cough immunisation.—The number of cases of whooping cough continued at a reasonably low level and whooping cough immunisation was given in the triple form to 1,294 (previous year 1,182).

Smallpox vaccination.—The number of children to receive primary smallpox vaccination was 414 compared with 491 in 1970. Of the total, 191 were in the one-year age group. In addition, forty-one children were revaccinated.

Poliomyelitis vaccination.—The number of children immunised against poliomyelitis was 1,547. The figures for the past five years are as follows:—

Year	Under 5 years	5-15 years	Total
1967 ...	1,437	239	1,676
1968 ...	1,322	385	1,707
1969 ...	1,138	249	1,387
1970 ...	1,159	486	1,645
1971 ...	1,028	519	1,547

Children are offered a reinforcing dose of oral vaccine at school entry and 2,624 children received these doses this year.

Measles vaccination.—The number of children immunised against measles was 619 compared with 1,105 in the previous year.

Rubella vaccination.—This service has been well received and 1,967 girls were vaccinated. The programme was commenced late last year when 503 girls aged thirteen years were immunised.

AMBULANCE SERVICE

It will be observed from the statistics listed below that there has been a decided increase in the number of emergency calls involving nearly double the mileage when compared with the previous year.

The number of patients carried on general work, however, showed a slight decrease, whereas the mileage covered was slightly more than that for 1970, except in the sitting case vehicles. The number of patients transported by rail remains fairly static, and it was not found necessary to use the helicopter service.

The opening of the Special Day Hospital for Geriatric Patients has caused a considerable strain at the peak periods. Three female drivers were engaged to help in this and other out-patient work. This was further complicated by the opening a month or so earlier of a Special Day Unit for Physically Handicapped Children, most of whom need escorting to and from the Centre.

During the year four of the personnel attended the six weeks' course at the Residential Training School of the West Riding County Council of Yorkshire at Cleckheaton; and a further four at the two weeks' refresher course for staff with over five years service, organised by the Lindsey County Council and held at Horncastle. All received good reports.

Three new ambulances and two sitting case cars were taken into the Service as replacement vehicles.

The statistical tables follow, the figures in brackets being those for 1970.

OPERATIONAL

Type of Case			Patients		Journeys
Accident	...	...	446	(580)	245 (442)
Other	...	...	2,441	(2,228)	1,033 (858)
Removals (Local)	...	...	39,288	(38,928)	4,644 (5,217)
Removals (Other)	...	...	4,567	(3,945)	1,587 (870)
Miscellaneous	...	...	7,402	(2,362)	1,211 (693)
Totals			54,144	(48,043)	8,720 (8,080)

ANALYSIS OF ALL JOURNEYS

Type	Patients	Journeys	Mileage
Emergency			
Ambulances ...	2,104 (1,661)	885 (774)	63,083 (33,511)
Sitting Case Vehicles	783 (1,201)	372 (633)	22,891 (15,864)

General

Ambulances	6,061	(6,488)	1,000	(1,098)	22,319	(21,316)
Sitting Case Vehicles	45,196	(38,693)	6,115	(5,311)	114,940	(131,502)

Abortive and Service

Ambulances	—	(—)	340	(264)	1,042	(1,350)
Sitting Case Vehicles	—	(—)	8	(—)	26	(—)
Totals	54,144	(48,043)	8,720	(8,080)	224,301	(203,543)

By Rail	486	(485)	486	(485)	35,899	(37,627)
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VEHICLE STATISTICS

	Miles	Petrol (galls.)	M.P.G.
Ambulances	101,299 (95,326)	6,177 (6,264)	16 (15)
Dual Purpose Vehicles	97,815 (88,161)	5,714 (4,890)	17 (18)
Sitting Case Vehicles	25,187 (20,056)	945 (866½)	27 (23)
Crash Vehicle ...	124 (126)	9 (10)	14 (12)

AVERAGES

Miles per patient ... 4 (4) Miles per journey ... 26 (25)

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The administration of this Service continues through the Director of Nursing Services, with assistance at field level from members of the nursing teams.

There have again been a variety of cases referred for practical assistance, the majority being by health visitors and district nurses, with other requests from general medical practitioners, probation officers and social workers (both local authority and hospital).

The following is a summary of work done:—

New Cases	...	...	...	...	...	...	46
Number on whom casework was continued	...	...	...	...	...	...	34
Domiciliary Visits	...	...	...	...	...	...	323
Office Interviews	...	...	...	...	...	...	10

The availability of increased help from the statutory services is becoming more apparent and is reflected to some extent in the number of cases dealt with, but there are still those who do not fit into any one category which can be readily helped through this Service. Requests for assistance have included periods of convalescence, extra heating for patients being nursed at home, special medical appliances, and assistance for relatives of sick children and the mentally handicapped with bus fares to hospitals in other areas.

Special grants were obtained from the National Society for Cancer Relief and the Marie Curie Memorial Foundation for the provision of both the welfare of the patient and a night nursing service in terminal cases. Eleven patients received weekly monetary grants, and five a Christmas gift of £3.

The service providing disposable nappies for handicapped children is now much appreciated and of considerable benefit to the families concerned, and is also one conveniently dispensed at all the infant welfare centres. The health visitor is involved with the family and is able to supervise the distribution. Fourteen children received 1,464 packets.

B.C.G. Vaccination.—The number of vaccinations carried out in the past five years is as follows:—

Year	Contact Scheme	School Children Scheme
1967 ...	187	274
1968 ...	147	909
1969 ...	123	1,170
1970 ...	180	1,243
1971 ...	107	1,867

Further information of the year's work in this field will be found in the School Health Service section (Part VIII) of this report.

Yellow Fever Vaccination.—Four hundred and thirty-three persons were vaccinated and issued with an international certificate, compared with 456 last year.

Chiropody Service.—I am indebted to the Director of Social Services for supplying the following information in respect of this service, which is administered by the Social Services Department of the Corporation:—

The number of chiropodists employed is two full-time and two part-time on a sessional basis. Sessions are held daily in the offices of the Welfare Services Department and twice weekly as required in the premises of the part-time chiropodists; domiciliary visiting is also carried out.

A total of 2,416 patients received 9,983 treatments during the year compared with 2,177 and 8,742 respectively last year.

It is interesting to note that the demand for this service continues to grow. In 1971 20 per cent of those eligible were treated, which is more than double the last available figures nationally.

Fluoridation of the Public Water Supply.—The Grimsby Town Council has not yet altered its attitude towards fluoridation of the public water supply.

Cervical Cytology.—In October, the Department of Health and Social Security issued Circular No. 33/71 which set out the arrangements for a periodic recall scheme for routine cervical cytology. The preparatory work was undertaken to enable the scheme to operate in 1972.

The demand for this service continued much as in previous years and 229 women were examined at the Milton Road Clinic compared with 179 the previous year. The findings were as follows:—

Trichonoma infection	...	...	...	...	...	4
Trichonoma vaginalis and inflammatory changes						1
Suspicious cells	...	...	...	...	...	1
Inflammatory changes only	...	...	...	...	...	4
Inflammatory and suspicious	...	...	...	...	...	2

Long-stay Immigrants.—All long-stay immigrants are visited by a health visitor and given information about health services available to them and their dependants, as far as possible in their own language. In particular, they are advised to register with a general medical practitioner and avail themselves of x-ray examination and heaf testing facilities provided by the Chest Clinic.

HEALTH EDUCATION

The health visitors and school nurses again carried out health education among the school population and details are included in the School Health Service section (Part VIII) of this report.

The health visiting staff have again accorded a high priority to this aspect of their duty and undertook weekly programmes of a formal nature in the schools as well as informal talks and discussions to other groups.

Informal talks to Mothers' Clubs dealt with family planning, infant care, accident prevention in the home, first aid, and the work of the health visitor.

Courses of 8-weekly sessions on mothercraft and psychoprophylaxis were held continuously throughout the year, and as these are best given at approximately the second trimester a central register is kept and the classes are arranged on a rota system. The health visitors concerned have all attended a special course of instruction.

Co-operation was again afforded to the social workers of the Lincoln Diocesan Board for Social Work, and evening classes on infant care and development were held for adopting parents.

The ever popular mothercraft class at the Stork Club continues to be held weekly at the Grimsby Maternity Hospital, where a health visitor attends for specialist sessions.

A study day was arranged to prepare the cadets of the British Red Cross Society to accompany a number of handicapped children to the annual summer camp. The special needs of epileptic and spastic children were included in the talks and discussion. A mothercraft course of eight weekly sessions for younger cadets was also completed.

Twenty-five lectures and talks were given to local organisations on various aspects of Public Health and Health Education, seven by the Medical Officer of Health, four by the Chief Public Health Inspector and his staff and fourteen by the health visitors. A total of 753 persons attended these meetings.

Sixty-four students enrolled for the course in Food Hygiene at the Grimsby College of Technology, which is held specifically for employees of food shops, catering and food manufacturing premises with a view to taking the examination for the Certificate of the Royal Society of Health in "Hygiene of Food, Retailing and Catering". The lectures were again given by the Deputy Chief Public Health Inspector assisted by a Principal District Inspector (Food).

Full use has also been made of the publicity material of the Health Education Council and the Royal Society for the Prevention of Accidents, the local health authority subscribing to both organisations.

PART IV.—SANITARY CIRCUMSTANCES

This section of the report has been compiled by the Chief Public Health Inspector, Mr. A. Manson.

Staff.—Mr. A. Douglas and Mr. D. J. Hartley, pupil Public Health Inspectors, both completed their four-year training programme and were successful in passing the Diploma Examination of the Public Health Inspectors' Training Board. Mr. Douglas was appointed to fill a vacancy as a District Inspector within the Establishment on the 1st August, 1971. Unfortunately, at the present time no further vacancies exist so it has not been possible to absorb Mr. Hartley.

Mr. C. I. Mantle, a further pupil Public Health Inspector, was successful in satisfying the Examiners on Year 1 of the B.Sc. (Sandwich) Course in Environmental Health at the University of Aston in Birmingham and is now eligible to proceed to the second year of the Course.

Mr. A. Fenn, Senior District Inspector, resigned on the 31st December, 1971, to assume the post of Deputy Chief Public Health Inspector to the City of Oxford.

The establishment of the Housing Section of the Department was increased during the year to include the appointment of a Senior District Inspector (Housing) and two extra Technical Assistants for work in connection with Improvement Grants and General Improvement Areas to be declared in the near future. All these posts have now been filled.

I would like to take this opportunity of expressing my gratitude to all members of the staff for their continued loyal service during the year.

Water Supply.—I am indebted to Mr. C. Cooper, Engineer and Manager of the North East Lincolnshire Water Board for the following information regarding the public water supply to the Borough.

1. (a) The quality and quantity of water supplied have at all times been satisfactory.
- (b) The action taken in respect of contamination, usually as a result of an underground burst, is to isolate the affected sections from the mains supply. During the repair work, all the contaminated parts of the system are cleansed and thoroughly disinfected with chlorine solution.
- (c) The number of dwellinghouses and the number of the population supplied are 36,587 and 95,685 respectively. Records of the population supplied from standpipes are no longer kept as this method of supply is now very rare in the Grimsby area.
- (d) The fluoride content of the water supplied is <0.1 mg/l.
2. (a) Bacteriological analyses for the presence of coliforms are carried out once per week on each source of supply after treatment. Approximately 250 such analyses were carried out during 1971 and in no case were coliform organisms detected. Full chemical analyses are also undertaken twice per year on each source of water, copies of which are sent to the Health Department.
- (b) The water supplied to the Grimsby area is not plumbago-solvent.”

Set out below are typical results of chemical and bacteriological samples of water taken from house taps during the year under review:—

Chemical Analysis

Physical characters

Suspended matter	...	...	...	...	...	none
Appearance of a column 2 ft. long	...	...	...	...	...	clear; colourless
Taste	...	...	...	...	...	normal
Odour	...	...	...	...	...	none

Chemical Examination

Parts per million

Total solids dried at 180° C.	...	...	...	...	364.0
Chlorides in terms of Chlorine	...	...	...	...	22.0
Equivalent to Sodium Chloride	...	...	...	...	36.3
Nitrites	...	...	...	...	faint trace
Nitrates as Nitrogen	...	...	...	...	1.90
Poisonous metals (lead, etc.)	...	...	...	...	less than 0.04
Total hardness	...	...	...	...	244.0
Temporary hardness	...	...	...	...	221.8
Permanent hardness	...	...	...	...	22.2
Oxygen absorbed in 4 hours at 80° F.	...	...	...	...	0.20
Ammoniacal Nitrogen	...	...	...	...	0.096
Albuminoid Nitrogen	...	...	...	...	0.048
Free chlorine	...	...	...	...	0.12
pH value	...	...	...	...	7.1
Remarks	...	...	...	...	Satisfactory chemically

(Signed) Hugh Childs for A. H. Allen & Partners

11th January, 1971.

During the year the Department assisted the Medical Research Council which was carrying out research work on the influence of hard and soft water supplies on coronary thrombosis cases. 14 samples of water were taken for special chemical examinations, including the study of trace elements from private houses where known cases of coronary thrombosis had resided.

Bacteriological Examination

Plate Count: 3 days at 22° C. aerobically — Cols. per ml.—Nil
2 days at 37° C. aerobically — Cols. per ml.—Nil

Coliform Test: E. Coli absent in 100 mls. of sample.
Cl. Welchii Absent in 50 mls. of sample.

(Signed) H. Lawy, Consultant Bacteriologist

The Department of Pathology,
Grimsby General Hospital.

20th May, 1971.

Paving and draining of common passages.—Following the service of formal notices under Section 56 of the Public Health Act, 1936, as amended by Section 9 of the Grimsby Corporation Act, 1970, on the owners affected and obtaining written consents, 8 passages, involving 74 houses, were newly concreted at a total cost of £866.93.

Sewerage and Sewage Disposal.—I am indebted to Mr. S. W. Norman, Borough Engineer, for supplying the following information:—

“Dealing with sewage, so far as the built-up areas of the town are concerned, except for one or two of the older areas, these are provided with adequate drainage facilities, and I would not consider that even the areas previously mentioned are at any serious risk. The drainage in these areas is, however, being improved as redevelopment takes place as instanced by the provision of additional sewers in the top town and West Marsh areas, and also by the Council’s decision to improve the drainage facilities in the Freeman Street area as an independent scheme.

Regarding the undeveloped areas the Council are embarking on a scheme to provide drainage facilities to the Scartho Top area and have recommended that no further development be permitted in the area lying between Scartho and Weelsby until such times as adequate drainage facilities can be provided. This is to ensure that the drainage system on the easterly section of the town must not become overloaded.

Regarding sewage disposal this at present is dealt with by pumping the effluent from the combined drainage system direct into the Humber Estuary after screening and disintegration. The capacity of the pumping plant is adequate to deal with all flows arriving at the pumping stations.”

Public Cleansing.—The Director of Works, Mr. M. C. Palmer-Jones, presents the following report on the Cleansing Services for the year:—

The total weight of house and trade refuse collected amounted to 33,800 tons and apart from 1,180 tons which was salvaged and sold for £11,500, the remainder (32,620 tons) was disposed of by controlled tipping at Macaulay Lane.

New dustbins are still being issued under the Municipal Bin Scheme set up under Section 75(3) of the Public Health Act, 1936, to premises in the Borough and these are renewed as and when they become unserviceable.

Sanitary Inspections:—

Accumulations	...	...	530	Animals	...	...	...	68
Caravans	...	...	33	Common lodging houses	...	...	...	10
Complaints received and investigated	...	...	3,510	Dirt and grit nuisances	...	...	...	37
Drainage	...	...	1,596	Dirty and verminous houses and persons	...	...	...	78
Drain tests	...	...	16	Factories and workplaces	...	...	...	149
Infectious disease enquiries	...	...	87	Noise nuisances	...	...	...	238
Offensive smells	...	...	185	Offensive trades	...	...	...	4
Outworkers	...	...	21	Passages and yards	...	...	...	197
Places of entertainment	...	...	17	Piggeries and stables...	...	...	...	6
Rats and mice	...	...	50	Smoke observations	...	...	...	143
Water supply	...	...	75	Other matters	...	...	...	1,309

Offensive Trades.—Routine inspections were made of the few remaining offensive trade premises within the Borough.

Fish and Offal Transport.—Surveys were carried out from time to time, as in previous years, at certain main road junctions leading out of the town to detect nuisances caused by the spillage of offensive liquid on to the highway from fish transport vehicles in contravention of the Byelaws in force within the Borough under Section 82 of the Public Health Act, 1936.

Letters of warning are sent to those found contravening the Byelaws for the first time.

Legal proceedings were taken against the owner of a fish retailing van for the discharge of offensive liquid on the highway during the course of his rounds when a fine of £3 was imposed in addition to other contraventions of the Food Hygiene Regulations.

Although all local firms engaged in transporting fish are aware of the provisions of these Byelaws it is a difficult task to ensure that nuisances do not occur on occasions as vehicles leave the town at various times during the day and night.

Insect Pest Control.—During the year 142 houses and 13 business premises were sprayed for the eradication of vermin.

Treatment by the usual insecticides proved effective and was carried out for the insects shown in the table below:—

Infestation by:	Number of premises disinfested			Total
	Domestic	Business		
Ants	17	—		17
Bed Bugs	6	—		6
Beetles	9	1		10
Cockroaches	55	11		66
Earwigs	8	—		8
Fleas	19	—		19
Lice	1	—		1
Mites	10	—		10
Silver Fish	4	—		4
Spiders	4	—		4
Weevil	—	1		1
Woodworm	9	—		9
 Totals ...	 142	 13		 155

In addition to the above-mentioned work, the Disinfector also dealt with more than 250 wasps' nests both in gardens and roof spaces of houses.

Rodent Control—The Prevention of Damage by Pests Act, 1949.—Eight hundred and seventy-four complaints were received regarding rat and mice infestations, none of which were found to be major infestations. Warfarin continued to be used successfully in the treatment of rat infestations, but marked resistance to this bait by mice in some areas of the town was found, when other types of bait had to be used.

As in previous years there appeared to be a larger influx of rats into the town from the surrounding areas during the early winter months.

The Rodent Operator is carrying out continuous visits to premises within the Borough as a result of complaints received from the public and for general inspections to trace possible infestations.

Work was continued on the baiting of inspection chambers in common passages, which often results in the clearance of infestations originating from the public sewers.

Destruction of Rats and Mice

		Type of Property	
		Non-Agricultural	Agricultural
Properties other than sewers			
1.	Number of properties in district...	37,497	4
2. (a)	Total number of properties (including nearby premises) inspected following notification	1,069	—
	(i) Rats	437	—
	(ii) Mice	421	—
3. (a)	Total number of properties inspected for rats and/or mice for reasons other than notification	60	—
	(i) Rats	24	—
	(ii) Mice	38	—

Cleansing of Verminous Persons.—The Cleansing Station was only used once during the year to cleanse a male infested by lice.

Laundry for Incontinent Patients.—The Municipal Laundry and Cleansing Station situated in the Corporation's Highways Yard, Convamore Road, had to be closed during the year as the Yard was no longer required by the Highways Department and was sold. The Laundry was therefore, transferred to existing laundry premises within the Scartho Road Swimming Baths. The laundry continued to provide a useful service by the washing of sheets, clothing, etc., from incontinent patients being nursed in their own homes.

A twice weekly service is given in needy cases, which is carried out free of charge. The washing is collected and returned by the male laundry attendant in a van provided for this purpose.

This service continues to be appreciated by all concerned.

The Cleansing Station was transferred to a vacant outbuilding at the rear of the Health Department, which was adapted for the purpose.

Atmospheric Pollution.—The contents of the standard deposit gauges for measuring air-borne deposited matter situated in Eleanor Street and Bradley Woods were examined monthly, with little variation from last year's results.

Visits to the Department continued at regular intervals throughout the year by the Alkali Inspector for this area to discuss the problems of noxious fumes emitted from chimneys serving the chemical factories situated on the Humber Bank.

On occasions when maintenance work was being carried out on the filtration plant of one factory, noxious fumes were evident over certain areas of the town depending on the direction of the prevailing winds. Some complaints were received from the public during the year and these were referred to the Alkali Inspectorate for their attention.

Complaints were also received, particularly during the months of October and December, of offensive smells emanating from a Fish Meal Factory. The complaints made in December concerned some particularly offensive material which had been allowed to accumulate over the holiday period without being processed. The firm concerned have been carrying out experiments in conjunction with the Torry Research Station for some time and new plant has now been installed to remove odours from the manufacturing processes. It is hoped this will be fully operational by March 1972.

Few complaints were received regarding noxious fumes being emitted from the working processes carried out at one large food processing factory since

catalytic after-burning equipment was installed in 1970. The odd complaint occurred during the occasional breakdown or maintenance being carried out on this equipment.

One hundred and forty-three smoke observations were made on factory chimneys to note whether the emissions complied with the provisions laid down in the Clean Air Act, 1956.

Installation of Furnaces.—Notification and applications for prior approval under Section 3 of the Clean Air Act, 1956.

Thirteen applications for prior approval of proposed furnace installations were received and dealt with under this Section of the Act. In each case approval was given subject to some modifications where applicable.

Swimming Baths.—There is one Public Swimming Bath and three School Swimming Baths within the Borough, details of which are set out below:—

The Public Swimming Bath.—This is situated in Scartho Road and was opened in December, 1962. The building incorporates a Russian Steam Bath, two Finnish Log Sauna Baths and a restaurant, in addition to the 110ft. by 42ft. National Championship Pool.

Water is supplied from the North East Lincolnshire Water Board's high pressure main. The system is capable of circulating, filtering and chlorinating the pool's 237,000 gallons once every four hours. Two 15ft. by 8ft. diameter horizontal pressure filters have a maximum rate of flow through the filters of 250 gallons per hour per square foot of filter area. There is a total of nine valved inlets along the sides and ends of the pool. Three outlets are set in the bottom of the diving bay and a finger grip scum trough is provided round the full perimeter of the water area. Tests for residual chlorine and pH value are made daily by the Baths Manager and his staff; the free available chlorine content is maintained at a predetermined level to give hygienically safe bathing conditions at all times.

School Swimming Bath, Eleanor Street.—This bath, measuring approximately 54ft. x 18ft., 3ft. to 4ft 6in. depth, has a capacity of 22,000 gallons, using the Town's water supply. There is one vertical sand pressure filter, together with chemical dosing and heating plant. Routine daily water tests are made by the Caretaker. In August, 1970, the old tiled pool was re-lined with glass fibre, resulting in a greatly enhanced appearance and prolonged life.

Swimming Bath, Hereford School.—This bath, commissioned in November, 1966, is 82ft. 6in. long by 24ft. wide, with a depth ranging from 3ft. to 6ft. and has a capacity of 55,700 gallons of water supplied from the Town's main. The whole of the contents are filtered and chlorinated once every 4½ hours. Circulation within the Pool is of the standard type, with two shallow end inlets and one deep end outlet; overflow channels are incorporated to return the surface water to the filter plant.

The purification plant comprises 2 x 50 square feet pre-coat filters, a manually adjustable gas chlorinator and a water heater. The necessary water tests are made daily by the Attendant.

Swimming Bath, Havelock School.—Opened in September, 1969, this third school pool is the most recent in the Borough. Measuring 25m. (82ft. 6in.) by 30ft., with a depth range of from 3ft. to 9ft. 10 $\frac{1}{2}$ in., it contains 86,000 gallons of water which is "turned over" once every four hours. Water circulation within the pool is of the conventional shallow-to-deep system, with surface water skimmer weirs. Chlorination to acceptable standards is by means of a manually adjustable chlorinator. A pre-coat filter is used having a total internal surface treatment area of 200 square feet.

Routine daily tests for chlorine residual, etc., are made by the Attendant.

Places of Entertainment.—As in previous years premises which are subject to annual licences such as cinemas, church halls and schools where stage plays are performed, were inspected and only minor defects noted. These were remedied before the licences were renewed.

An application was received under Section 14 of the Grimsby Corporation Act, 1970, for the registration of certain premises for use as an "entertainment club". This matter was considered by the Public Protection Committee at a meeting held on the 14th May, 1971, and after receiving reports from the local authority officers concerned it was decided to refuse registration on the following grounds:—

- (a) That the premises were not safe for the purpose, having regard to their character, condition and the size and nature of the club;
- (b) The premises were not provided with satisfactory means of lighting, ventilation and sanitation;
- (c) The premises were not provided with adequate precautions against fire and satisfactory means of escape in case of fire or equipped with suitable fire-fighting appliances.

Noise Abatement Act, 1960.—Two hundred and thirty-eight visits were made to investigate complaints of excessive noise and vibrations and the majority of such complaints were concerned with nuisances that occur during the evening or early morning.

The most common cause for complaints were noisy animals, noise from road drills and compressors, refrigeration plant on parked vehicles, refrigeration plant in food processing factories and shops, sounding of chimes and bells on ice cream vehicles, launderette equipment, and from "pop groups" in clubs, etc.

Legal proceedings were instituted against the driver of an Ice Cream vehicle for the sounding of chimes outside the permitted hours when the defendant was fined £1.

Offices, Shops and Railway Premises Act, 1963.

I. Registration and Inspections

At the end of the year 1,100 premises were on the register including 76 firms whose premises were newly registered during the year. This records a drop of 100 registered premises during the year and a drop of 184 premises over the past two years which in the main appears to have been caused by the closure of premises in clearance areas and of small shops in former shopping areas in favour of large supermarkets and stores in new precincts.

Newly registered premises were given their first inspections and routine visits made to existing registered premises. Following these inspections it was found necessary to send 143 first notices and 21 second notices to 26 offices, 127 shops, 6 warehouses and 5 catering premises regarding contraventions of the Act, as follows:—

Not displaying the Regulations	...	...	...	...	62
Without adequate first aid boxes	...	...	...	...	62
Without thermometers	...	...	...	...	25
Without proper hot water supplies	...	...	...	...	17
Defects	...	...	...	...	39
Inadequate heating	...	...	...	...	6
Inadequate ventilation	...	...	...	...	26
Premises requiring cleansing	...	...	...	...	12
Premises requiring decoration	...	...	...	...	12
Without adequate handrails to staircases	...	...	...	...	8
Inadequate lighting of premises	...	...	...	...	2
Inadequate lighting of water closets	...	...	...	...	12
Defective floor coverings	...	...	...	...	4
Dangerous premises	...	...	...	...	9
Dangerous machinery	...	...	...	...	7
No intervening ventilated space for water closet	...	...	...	...	6
Inadequate size of office	...	...	...	...	2
Additional water closet required	...	...	...	...	1
Seating required	...	...	...	...	3
Without facilities for hanging outdoor clothing	...	...	...	...	5
Without a supply of drinking water	...	...	...	...	20
Water closet not marked for sexes	...	...	...	...	5
No means of disposal of sanitary dressings	...	...	...	...	1
Without a wash-hand basin	...	...	...	...	4

II. Operation of the General Provisions of the Act

Routine inspections were continued during the year by the District and Port Health Inspectors. The total number of inspections was almost the same as in the previous year, i.e. 836 against 822 in 1970. In cases where contraventions were found, apart from minor matters, letters were sent requesting attention. Where necessary advice was given on steps needed to be taken to comply with the Act. No prosecutions were taken during the year.

Again advice on the provisions of the Act was given to prospective developers or persons taking over premises or adapting them. As a matter of routine, plans of new buildings are examined and the depositors informed of the requirements of the Act. Generally speaking co-operation is forthcoming in the enforcement of the Act.

III. Accidents

1971 again showed a reduction in the number of accidents notified. In 1969 26 accidents were notified and 22 in 1970. The number for 1971 is only 17. It is most unlikely that this is the true figure. Steps will again be taken to remind occupiers of their responsibility to notify any accident which causes death or disable any person for more than 3 days from doing his or her usual work.

However, it is again pleasing to report that no death occurred by accident in any of the registered premises and generally speaking the injuries sustained were not too serious in nature.

Of the 17 accidents, 12 were to male employees. The main cause was due to the lifting of goods, this resulting in 5 cases. The main injuries were strains to the back, including in one case a slipped disc.

Again it must be said that the impression was most accidents were caused by clumsiness on the part of the employee rather than by negligence on the part of the employer. Most of the accidents in fact occurred in situations quite familiar to the employees and there was no apparent reason for the accident to occur. Only in 2 incidents did there appear to be any fault by the employer.

FACTORIES ACT, 1961

The Annual Report of the Medical Officer of Health in respect of the year 1971 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Part I of the Act

1. Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	61	161	21	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	569	396	30	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	40	12	—	—
Total	670	559	51	—

2. Cases in which Defects were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases".)

Particulars (1)	Number of cases in which defects were found				No. of cases in which prosecutions were instituted (6)	
	Found (2)	Remedied (3)	Referred			
			To H.M. Inspector (4)	By H.M. Inspector (5)		
Want of cleanliness (S.1)	118	93	—	—	—	
Overcrowding (S.2)	—	—	—	—	—	
Unreasonable temperature (S.3)	18	14	—	—	—	
Inadequate ventilation (S.4) ..	11	13	—	—	—	
Ineffective drainage of floors (S.6) ..	18	8	—	—	—	
Sanitary Conveniences (S.7)	1	—	—	—	—	
(a) Insufficient ..						

(b) Unsuitable or defective ..	78	61	—	7	—
(c) Not separate for sexes	2	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	36	19	1	—	—
Totals ..	282	208	1	7	—

Part VIII of the Act

Outwork

(Section 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel making, etc. ..	1	—	—	—	—	—
Curtains and furniture hangings ..	4	—	—	—	—	—
Nets, other than wire nets ..	36	—	—	—	—	—
Total ..	41	—	—	—	—	—

PART V.—HOUSING

The Chief Public Health Inspector submits the following report:—

Housing Act, 1957—Clearance Areas and Compulsory Purchase Orders.

Work continued during the year in dealing with the Council's approved Clearance Programme.

The following areas which were represented during 1970 were confirmed by the Minister in 1971:—

1. **Grimsby (West Marsh No. 17) Compulsory Purchase Order, 1970,** involving 73 houses. This Order was confirmed on the 26th April, 1971, without modification.
2. **Grimsby (West Marsh No. 18) Compulsory Purchase Order, 1970,** involving 88 houses. This Order was also confirmed on the 26th April, 1971, the classification of one house being changed from "pink" to "grey" lands.
3. **Grimsby (Hildyard Street No. 1) Compulsory Purchase Order, 1970,** involving 27 houses. This Order was confirmed on the 18th March, 1971, without modification.
4. **Grimsby (Stirling Street No. 1) Compulsory Purchase Order, 1970,** involving 27 houses. This Order was confirmed on the 24th September, 1971, without modification.

Details of the areas represented for clearance in 1971 are set out below:—

5. **Grimsby (West Marsh No. 19) Compulsory Purchase Order, 1971,** involving 62 houses. This Order was confirmed on the 11th October, 1971, the classification of five houses being changed from "pink" to "grey" lands.
6. **Grimsby (West Marsh No. 20) Compulsory Purchase Order, 1971,** involving 56 houses. This Order was confirmed on the 20th September, 1971, the classification of four houses being changed from "pink" to "grey" lands.
7. **Grimsby (Duchess Street No. 2) Compulsory Purchase Order, 1971,** involving 26 houses. This Order was confirmed on the 8th November, 1971, the classification of one house being changed from "pink" to "grey" lands.
8. **Grimsby (New Clee No. 2) Compulsory Purchase Order, 1971,** involving 26 houses. This Order was confirmed, without modification, on the 23rd November, 1971.
9. **Grimsby (New Clee No. 3) Compulsory Purchase Order, 1971,** involving 54 houses. The Public Inquiry in respect of this Order is to be held on the 22nd February, 1972.
10. **Grimsby (Convamore Road No. 1) Compulsory Purchase Order, 1971,** involving 167 houses. The Public Inquiry in respect of this Order is to be held on the 14th March, 1972.

<i>Total number of houses represented for clearance during the year</i>	391
<i>Total number of houses in Clearance Areas confirmed by the Minister during the year</i>	385

Individual Unfit Houses.—Closing Orders under Section 17 of the Housing Act, 1957, were made as follows:—

98 Corporation Road	Back 54, 162 Oxford Street
115 Hildyard Street	44, 62 Holles Street
	136 Victor Street

Demolition Orders made under Section 17:—

Loco Cottage, Railway Street	74, 76, 78 Wellington Street
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Housing Statistics

Houses represented under Section 16 of the Housing Act, 1957	...	11
Demolition Orders made	...	...
	...	4
Closing Orders made		

	...	7

Number of houses, bungalows and flats erected in the Borough:—

(a) By the local authority—Houses	...	...	...	...	170
—Flats	...	...	...	...	303
(b) By private enterprise					
	...	...	...	...	182
Number of houses demolished during the year	...	...	...	...	405

Housing—Inspections

Houses (Housing Acts) ...	...	...	...	...	...	870
Houses, defects and nuisances (Public Health Acts)	...	...	...	...	...	1,156
Overcrowding (Housing Act) ...	...	...	...	...	...	6

Notices:—

Informal notices served	...	...	...	...	...	365
Statutory notices served (493 Public Health Acts, 6 Grimsby Corporation Act) ...	...	...	...	...	...	499

Work in default of compliance with statutory notices was carried out by contractors on behalf of the Corporation in respect of 82 houses.

Defects remedied and nuisances abated included:—

Chimney repairs ...	21	Drains cleared ...	...	...	1,505
Doors and frames renewed or repaired ...	55	Drains repaired ...	...	...	32
Fireplace and range repairs ...	16	Eavesgutters renewed or repaired ...	...	...	144
Offensive smells abated ...	12	Plaster repaired ...	...	...	124
Rainwater pipe repairs and renewals ...	33	Roof repairs ...	...	...	158
Stairway repairs ...	11	Sink and pipe repairs ...	...	...	7
Water closet repairs ...	66	Wall repairs ...	...	...	50
Window repairs ...	143	Water pipes and taps repaired	...	...	23
		Yard and path paving repaired	...	...	13
		Dampness abated ...	124		

Housing Defects—Legal Proceedings

Legal proceedings were instituted in respect of 8 houses on account of the failure of the owners to comply with statutory notices served under Section 93 of the Public Health Act, 1936. Nuisance Orders were issued by the Magistrates in respect of 5 houses, the work having been completed in the other cases before the date of the Court hearing.

Housing Acts 1957 and 1969—Clearance and Improvements

It cannot be emphasised too often that the clearance of unfit dwellings and the improvement of the remaining older housing stock must be seen as complementary objectives and not as alternative objectives.

Any house can be made into a fit house if enough money is spent on it but there is a point where it becomes uneconomic to improve an old house. Streets of aged terraced property of low percentage of amenities, low rateable values, high incidence of controlled tenancies in generally poor state of repair and with poor environmental quality are usually uneconomic to improve and provide the bulk of the house clearance potential.

The first field sample survey of the housing stock of the County Borough which was carried out by the department at the end of 1969 identified areas of sub-standard housing which were made the subject of detailed appraisal during 1971. In all some 8,000 properties have been investigated and the results of the survey completed by the end of the year will be presented as a long term clearance and improvement programme early in 1972.

Earlier in the year a series of areas of housing with long expected life and ample improvement potential were examined and the suggestions made were examined and the suggestions made were included in the Programme Planning Unit's interim report on the Housing Stock Appraisal. A large amount of statistical information was provided by this section of the Health Department for inclusion in this joint report.

Highfield Avenue/Farebrother Street was chosen as the proposed No. 1 General Improvement Area and at the end of the year preliminary work was well advanced to determine the response of the residents in the area to the improvement of their houses together with the improvement of the environment by the Corporation. One of the difficulties encountered in isolating proposed improvement areas has been the apparent lack of potential for environmental improvement amongst terraced property.

In terms of area improvement the greatest chance for successful completion appears to be confined to estates in single ownership. It is difficult to envisage an area of houses in a multiplicity of ownerships providing the basis for a successful General Improvement Area.

Improvement and Standard Grants

The change in emphasis of the housing policies to the improvement of the older housing stock has made a profound impact on the house owners in the County Borough and the number of grant enquiries during the year was the highest yet. This trend is expected to continue for some time to come.

The Housing Act, 1969, reduces the conditions which formerly applied to grants, there now being no restrictions imposed on the sale of an improved house. The maximum Improvement Grant has been increased to £1,000 from £400, this figure of £1,000 being increased to £1,200 in respect of the conversion of three-storey buildings into self-contained viable units of accommodation. Repairs necessary to secure improvement to the 12-point standard rank for grant but it must be emphasised that dwellings requiring repair only cannot be grant aided. Maximum Standard Grants have been increased in normal circumstances from £155 to £200, and a standard grant contribution is no longer made in respect of a food store but is made in respect of the provision of a sink and hot and cold water supplies.

Standard Grants (Higher Limit) are available for the conversion of buildings to provide bathrooms and for special provisions concerning piped water supplies and some aspects of drainage.

Material and labour costs increased substantially during the year and as improvement grant works are comprehensive difficulties have been encountered by applicants in securing competent building contractors. Certain fringe elements of the building trade are carrying out grant work the supervision of which takes up a disproportionate part of the time of Technical Assistants. Some D.I.Y. applicants claiming grant on a materials only basis appear to be incapable of producing a satisfactory completed job.

Applicants are already asked to ensure that grant work is carried out by competent workmen. It is worth emphasising that grant is paid only after the issue of a certificate of acceptance of the completed works.

		1971	1970
Number of dwellings for which enquiries were received during the year		1,141	700
Number of dwellings for which grants were approved:—			
(a) Standard Grants	105	120	
(b) Improvement Grants	280	}	
(c) Conversions	28	279	
Number of dwellings improved:—			
(a) Standard Grants	117	95	
(b) Improvement Grants	206	}	
(c) Conversions	28	193	
Number of local authority houses improved with the aid of Ministry contributions	Nil	2	
Number of visits made for the purpose of enquiry, inspec- tion and supervision	3,011	2,437	
Number of representations received under Section 19 of the Housing Act, 1964	4	4	
Number of houses the subject of representation improved:—			
(a) By notice	Nil	1	
(b) Voluntarily	3	2	
Amount of Grants paid:—			
(a) Standard Grants	£11,500	£8,910	
(b) Improvement Grants	£90,000	£54,961	

From the inception of the grant system to the end of 1971, 1,685 houses had been improved with the aid of grant and of this number more than one half, 866 houses, were improved in the past 3 years.

Housing Act, 1969—Part III

Rent of dwelling in good repair and provided with the standard amenities.

1. Section 45—Qualification Certificates

2. Section 46—Certificates of Provisional Approval

(a) Applications received	...	...	...	...	...	28
(b) Provisional Certificates granted	...	...	...	...	...	10
(c) Provisional Certificates refused	...	...	...	...	...	Nil

3. Section 54

Number of County Court orders made empowering landlords to enter and carry out works Nil

Caravan Sites Act, 1968—Ministry of Housing and Local Government Circular 49/68.

There have been no real problems concerning gypsies and other itinerants within the Borough during the year.

The Department of the Environment in a letter dated the 30th November, 1971, granted exemption to the local authority from the duty placed upon them by Section 6(1) of the Caravan Sites Act, 1968, in providing suitable caravan sites for gypsies resorting to the area.

Common Lodging Houses.—The Brighouse Hostel, occupied by the Salvation Army, with accommodation for 100 men in a modern building was visited regularly. Conditions on the whole continued to be satisfactory.

The old Seamen's Hostel in Riby Square was bought by the Town Council in 1967 and provided accommodation for 38 men. The premises are administered by the Director of Social Services. Regular inspections were made and on the whole the premises were found satisfactory.

Seamen's Hostel. The new Royal National Mission to Deep Sea Fishermen in Hope Street, Grimsby, was opened in 1967 and was built at a total cost of £186,000. This hostel replaced the Mission's previous premises in Riby Square mentioned above.

The new premises are four storeys in height and include a total of 51 single person bedrooms, each fitted with a wash-hand basin with hot and cold water supplies and furnishings and fittings. Two bathrooms, each with a bath and shower accessory and wash-hand basin, are situated on each floor. There are also three water closets.

Facilities provided include a launderette, residents' lounge, library, writing room, games room, first aid room and residents dining room. In addition to the residents' facilities, a public cafeteria is also provided. There is also a chapel.

Three meals are offered daily, plus snacks at any time for late arrivals. The hostel is open to accommodate fishermen only, but in emergency other seafarers are accepted.

The premises are maintained in a good condition.

PART VI.—INSPECTION AND SUPERVISION OF FOOD

Mr. Adrian Manson, Chief Public Health Inspector, is responsible for this section of the report:—

Inspections

Bakehouses	...	...	112	Confectioners' shops	...	...	55
Dairies and milk vendors	...	18		Fish curers	...	...	25
Fish shops	...	...	40	Food preparers	...	...	187
Food stalls and mobile vehicles	67			Fried fish shops	...	...	52
Greengrocers	...	...	70	Grocers	...	...	414
Ice cream makers and vendors	91			Licensed premises	...	...	96
Markets	...	...	212	Meat shops and stores	...	...	195
Restaurants and cafes	...	291		Schools and hospital kitchens	106		
Sweet shops	...	69		Unsound food inspections	...	...	186
Visits for sampling	...	362		Other matters	...	...	479

Slaughterhouses.—There are no private slaughterhouses in the Borough.

Meat Inspection Service.—The following livestock were slaughtered in the Corporation's Abattoir during 1971, comparable figures being given for the year 1970.

	Cattle	Calves	Sheep	Pigs	Total
1971 ..	5,166	182	8,497	20,064	33,909
1970 ...	5,519	243	9,594	22,640	37,996

This table shows a reduction in "throughput" of 4,087 animals, mainly pigs and sheep. The number of pigs killed, however, has remained in excess of 20,000 each year since 1965, the record figure being that in 1969.

The following table shows the number of animals inspected and the number of carcasses, organs or parts condemned as the result of disease or parasitic infection:—

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs
Number killed	5,097	69	182	8,497	20,064
Number inspected	5,097	69	182	8,497	20,064
All diseases except Tuberculosis and Cysticerci: Whole carcasses condemned					
	3	1	2	4	108
Carcases of which some part or organ was condemned					
	1,532	34	8	370	8,970
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	30.12	50.72	5.49	4.40	45.25
Tuberculosis only: Whole carcasses condemned					
	—	—	—	—	—
Carcases of which some part or organ was condemned					
	—	—	—	—	248

Percentage of the number inspected affected with tuberculosis	—	—	—	—	1.24
Cysticercosis:					
Carcases of which some part or organ was condemned ..	1	—	—	33	—
Carcases submitted to treatment by refrigeration ..	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Localised single degenerate calcified cysts were found in 16 cattle.

All the carcasses and offals of the animals slaughtered were inspected and officially stamped in accordance with the Meat Inspection (Amendment) Regulations, 1966.

Animal Health.—The general quality of all livestock slaughtered continued to be of a high standard, consisting mainly of young animals with only a small number of cows and ewes. The incidence of disease, therefore, on post mortem and requiring total condemnation continued to be comparatively low. A higher percentage of condemnations occurred among casualty animals sent in to the Abattoir for emergency slaughter, usually direct from farms, and with some history of injury or illness.

Tuberculosis, so common in former years, was found to a small degree in pigs only, but no carcasses were condemned for this cause, and the lesions were mainly confined to the mesenteric and sub-maxillary nodes. No evidence of tuberculosis was found in other animals.

The commonest reasons for condemnation of pig carcasses continued to be generalised pyaemia and multiple abscesses, arising in most cases from "tail biting" which has increased in recent years as the intensive method of raising livestock has developed. The tail injuries are often septic and gangrenous. Fifty-nine such carcasses were totally condemned during the year.

Details of diseases affecting whole carcasses and offals are given in the following table:—

	Cattle	Calves	Sheep	Pigs
Emaciation	—	—	—	4
Extensive injuries with bruising and gangrene	1	—	1	4
Immaturity	—	1	—	—
Jaundice	—	—	—	2
Moribund	—	—	—	2
Oedema, generalised	—	—	3	9
Pyaemia and multiple abscesses ..	2	—	—	59
Septic Arthritis, Acute ..	—	—	—	1
Septic Mastitis, Acute ..	1	—	—	—
Septic Metritis, Acute ..	—	—	—	4
Septic Peritonitis, Acute ..	—	1	—	4
Septic Pleurisy, and Pneumonia ..	—	—	—	12
Swine Erysipelas, Acute ..	—	—	—	2
Septicaemia	—	—	—	3
Tumours, Malignant	—	—	—	1
Uraemia	—	—	—	1
Totals	4	2	4	108

In addition 10 pigs were found to be dead on arrival at the Abattoir and were not accepted for dressing.

In many cases condemnations of parts of carcases was necessary due to localised conditions and diseases such as fractures and other injuries, bruising, arthritis, etc.

Many common diseases involving only the condemnation of certain organs were again in evidence, e.g. pneumonia, pleurisy, pericarditis, peritonitis, actinomycosis and various parasitic conditions, the latter being the main cause of condemnations of livers, e.g. liver fluke infestations among cattle and sheep; whilst in pigs cirrhosis and "milk spot" caused by parasites was still very common.

The total weight of meat and offal condemned was 34 tons, 15 cwts. and 83 lbs.

Disposal of Condemned Meat.—All condemned carcase meat and offal and all inedible waste is collected in accordance with the Meat (Sterilization) Regulations, 1969, and processed at an approved plant at Killingholme. The new bulk container method of handling this class of material, which was introduced in 1969, continued to operate satisfactorily. All containers are kept locked from the time they leave the Abattoir until delivered at the processing plant.

As in previous years certain condemned livers were sold for animal feeding in accordance with the Regulations.

Facilities continued to be given for the collection and freezing of pancreas glands and calf vells for pharmaceutical purposes.

Inspection of other foods resulted in the condemnation of:—

		tons	cwt.	qrs.	st.	lbs.
2,507 tins ...	...	1	1	2	1	3
9,146 packets	...	2	—	3	—	9
60 bottles ...	...	—	—	—	3	3
Prawns ...	...	10	18	3	—	—
Langostinos ...	...	1	18	2	1	10
Dried salted fish ...	...	9	—	—	—	—
Assorted foods ...	...	1	4	—	1	7
		—	—	—	—	—
		26	4	2	—	4
		—	—	—	—	—

Food Inspection—Issue of Export Certificates.—Nine hundred and ninety-eight export certificates were issued by the Department for frozen foods and dried fish manufactured and/or distributed from factories and cold stores in the area. This has necessitated frequent inspections and sampling of foods for bacteriological and chemical analysis.

Milk Supply.—All milk sold within the Borough is heat treated before sale to the public at two dairies in the Borough.

**Milk (Special Designations) Regulations, 1963, and the
Milk (Special Designations) (Amendment) Regulations, 1965.**

The following table sets out the number of licences in force at the end of the year:—

Wholesalers of Milk	...	...	...	...	...	...	2
Dealer's (Pasteuriser's) Licences	...	...	...	...	...	...	2
Dealer's (Steriliser's) Licences	...	...	...	...	...	...	2
Sterilised Milk—Dealer's Licences (mainly retail shops)	...	...	...	...	...	...	201
Pasteurised Milk—Dealer's Licences (mainly retail shops)	...	...	...	...	...	...	44
Ultra Heat Treated Milk—Dealer's Licences...	...	...	...	...	...	...	11

Bacteriological Examinations

Milk.—Samples of milk were taken at regular intervals from the processing plants, schools and during the course of delivery to consumers.

Details of the number of samples submitted for the prescribed tests are given in the undermentioned table:—

Designation	Number examined	Satisfactory	Failed Methylene Blue Test	Failed Phosphatase Test	Failed Turbidity Test
Pasteurised ..	25	25	—	—	—
Sterilised ..	11	11	—	—	—
Totals ..	36	36	—	—	—

Ice Cream.—Samples of ice cream are collected in sterile containers and conveyed to the laboratory in insulated sampling cases. They are then subjected to (1) the Methylene Blue Test in order to assess their relative hygienic qualities, and (2) bacteriological examination for the presence of micro-organisms which indicate unsatisfactory standards of hygiene in their manufacture or handling.

	No. of samples	Satisfactory	Unsatisfactory	Methylene Blue Grading			
				1	2	3	4
Ice Cream ..	35	33	2	30	3	2	—

Twenty-two of these were found to contain non-faecal intestinal organisms thus indicating unsatisfactory standards of hygiene at some stage in the manufacture or handling of this product. In each case the manufacturers were advised on measures to be taken to ensure that satisfactory standards of hygiene are maintained at all times.

Twelve informal samples of Ice Cream were submitted for chemical analysis, all of which conformed to the Food Standards (Ice Cream) Regulations, 1959. The average fat content of these samples was 8.09 per cent compared with the minimum of not less than 5 per cent as laid down in the Regulations.

Fresh Cream.—Eight samples of fresh cream were submitted for bacteriological examination. All samples passed the Methylene Blue test, but two were found to contain non-faecal coli. The manufacturers concerned were notified and requested to take adequate measures to ensure that satisfactory standards of hygiene are maintained at all times.

Other Foods.—Three hundred and seventy-seven samples of other foods were submitted for bacteriological examination during the year. This work is undertaken by the Department of Pathology at the Grimsby General Hospital.

Food Hygiene**Food Hygiene (General) Regulations, 1971**

Type of premises	(i)*	(ii)**	(iii)†	(iv)††
1. Bakehouses	27	27	27	27
2. Bakers' and Confectioners' shops	31	31	31	31
3. Butchers' shops	81	80	81	81
4. Cafes, restaurants, canteens, kitchens, snack bars	117	117	117	117
5. Sweet shops and sweet manufacturers	68	67	66	66
6. Fish curers	10	10	10	10
7. Preparation of shell fish	1	1	1	1
8. Wet and Fried Fish shops	71	69	71	70
9. Food manufacturers	12	12	12	12
10. Fruiterers and Greengrocers	47	45	44	44
11. Grocers	242	239	233	220
12. Ice Cream Makers	4	4	4	4
13. Hotels and licensed premises	92	89	86	85
14. Mineral water manufacturers	4	4	4	4
15. Pickle makers	1	1	1	1
Totals	808	796	788	773

*(i) the number of premises.

**(ii) the number of premises fitted to comply with Regulation 16 (i.e. a wash basin with hot and cold water supplies—for hand washing).

†(iii) the number of premises to which Regulation 19 applies.

††(iv) the number of premises fitted to comply with Regulation 19 (i.e. a sink with hot and cold water supplies—for washing of food and equipment).

As in previous years work was carried out by the staff during the year on the taking of a series of specimens for bacteriological examination in order to emphasise to food handlers the importance of maintaining the cleanliness of their person, equipment, and utensils used in food premises at all times.

The "agar sausage" technique is used for this purpose. After the colonies of bacteria have been grown in an incubator and counted, the specimens are then taken back and shown to the food handlers working at the premises from which the samples were taken. (This method of sampling tends to create interest on the part of food handlers and far greater co-operation in maintaining a better standard of cleanliness of their person, utensils and equipment).

Three hundred and five informal notices were served in respect of contraventions of the Food Hygiene (General) Regulations, 1970, and the Food Hygiene (Markets, Stalls and Delivery Vehicle) Regulations, 1966.

Legal Proceedings—Food Hygiene

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

The owner of a mobile fish and chip shop was found guilty of contraventions of Regulations 5(1), 6(1), 7(a), (g), 16(3), (4), 17, 18(a) and 18(e). Fines totalling £60 were imposed.

The owner of a wet fish van was found guilty of contraventions of Regulations 5(1), 6(1), 8(e), 16(1), 17, 18(a), 22(1) and (2), when fines totalling £20 were imposed.

Food and Drugs Act, 1955

Foreign Matter in Food.—One hundred and eighteen complaints were received and investigated alleging the sale of unsound food or the finding of extraneous matter in food, details of which are set out in the Table below.

Each complaint was thoroughly investigated and the majority were justified. In some instances, after investigation, stocks of food were withdrawn from sale.

Legal proceedings were instituted in one case and warning letters sent where appropriate. Each complainant was subsequently informed by letter of the action taken on their particular complaint.

It is repeatedly found on investigating complaints of this nature many of the complainants do not wish to get involved in giving evidence when prosecutions are instituted.

Type of food	Nature of complaint			Total	Legal proceedings instituted
	Foreign matter	Affected by Mould	(a) Unsound (b) Unsatisfactory appearance taste or smell		
Bacon	-	-	(a) 1	1	-
Bananas	-	-	(a) 1	1	-
Biscuits	-	-	(b) 1	1	-
Bread	7	4	-	11	-
Canned fruit	3	2	-	5	-
,, meat	-	-	(b) 1	1	-
,, rice	-	-	(b) 1	1	-
,, soup	1	-	(b) 1	2	-
,, vegetables	6	-	(a) 2	8	-
Cereals	1	2	-	3	-
Cheese	-	7	(b) 3	10	-
Cooked meals	-	-	(b) 1	1	-
Cooked meats	-	1	(b) 3	4	-
Confectionery	1	7	-	8	1
Crabs, fresh	-	-	(a) 1	1	-
Coffee	1	-	-	1	-
Dates	1	-	-	1	-
Fish spread	-	1	-	1	-
Fruit pies	2	2	-	4	-
,, fresh	-	-	(a) 1	1	-
Ice cream	-	-	(b) 1	1	-
Lemonade	4	-	(b) 1	5	-
Meat pies and pasties etc.	1	4	(a) 2 (b) 2	9	-
Meat fresh	-	-	(a) 1 (b) 1	2	-
Marmalade	1	-	-	1	-
Milk	4	-	(a) 2 (b) 2	8	-
Potatoes	3	-	(a) 2	5	-
Poultry	-	-	(a) 1 (b) 2	3	-
Prawns	-	-	(a) 1	1	-
Rabbits, frozen	-	-	(a) 1	1	-
Sausages	2	3	(a) 3	8	-
Sugar	-	-	(b) 1	1	-
Sweets and chocolates	2	-	(b) 1	3	-
Semolina	1	-	-	1	-
Tea	1	-	-	1	-
Vegetables, fresh	-	-	(a) 1	1	-
Yoghurt	-	-	(a) 1	1	-
Totals	42	33	43	118	1

Food and Drugs Samples.—The number of samples of food and drugs submitted for analysis during the year was 170, as set out in the Table below, of which 6 or 3.50 per cent were found to be unsatisfactory.

Food and Drugs Samples

	Number Examined		Number Examined		Total
	Informal	Number Adulterated	Formal	Number Adulterated	
"Ana-Sed"	1	-	-	-	1
Apple pie	1	-	-	-	1
Apple juice (undiluted) ...	1	-	-	-	1
Beefburgers	5	-	1	-	6
Blackcurrant and apple pie ...	1	-	-	-	1
Butter (salted) ...	1	-	-	-	1
Cheese (Cheddar) ...	2	-	-	-	2
Cheese, sauce ...	1	-	-	-	1
Chips	1	-	-	-	1
Chop sauce	1	-	-	-	1
Cod portions in breadcrumbs ...	2	-	-	-	2
Cod portions in batter ...	2	-	-	-	2
Cod steaks	6	-	-	-	6
Cornish pasties ...	1	-	-	-	1
Cream (real dairy) ...	1	-	-	-	1
Cream, single ...	1	-	-	-	1
Cream, double ...	4	-	-	-	4
Cream, double Devon ...	1	-	-	-	1
Crumpets	1	-	-	-	1
Draught lager beer ...	1	-	-	-	1
Draught mild beer ...	1	-	-	-	1
Dried hops	1	-	-	-	1
Faggots	1	-	-	-	1
Fish cakes	22	4	2	1	24
Fish cakes (Salmon) ...	1	-	-	-	1
Fish fingers	8	-	-	-	8
Fish pattie	1	-	-	-	1
Grape juice	1	-	-	-	1
Haddock portions ...	3	-	-	-	3
Hake portions	2	-	-	-	2
Hong Kong crisps ...	1	-	-	-	1
Ice cream	12	-	-	-	12
Kipper fillets with butter ...	2	-	-	-	2
Lemon juice (real) ...	1	-	-	-	1
Lasagne	1	-	-	-	1
Lime pickle	1	-	-	-	1
Low calorie salad dressing ...	1	-	-	-	1
Marmalade, diabetic ...	1	-	-	-	1
Mayonnaise	1	-	-	-	1
Milk	11	-	9	1	20
Minced steak with gravy ...	2	-	-	-	2
Mixed vegetables	2	-	-	-	2
Olive oil	1	-	-	-	1
Orange crush	3	-	-	-	3
Orange lolly mix ...	1	-	-	-	1
Orange juice (natural) ...	1	-	-	-	1
Peas, garden	1	-	-	-	1
Pie, bacon and egg ...	1	-	-	-	1
Pie, beef steak ...	1	-	-	-	1
Plaice fillets	1	-	-	-	1
Pork chops	1	-	-	-	1
Prawns, frozen whole ...	1	-	-	-	1
Potted beef	2	-	-	-	2
Pure almond marzipan ...	1	-	-	-	1
Radiant composition essence ...	1	-	-	-	1
Raspberry jam sponge ...	1	-	-	-	1
Red vermouth essence ...	1	-	-	-	1
Russian salad... ...	1	-	-	-	1

Salami	...	...	1	-	-	-	-	1
Sausages, liver	...	...	1	-	-	-	-	1
Sausages, beef	...	...	1	-	-	-	-	1
Sausages, pork	...	...	1	-	-	-	-	1
Sausage rolls, uncooked	...	...	1	-	-	-	-	1
Scampi	...	...	1	-	-	-	-	1
Shortbread biscuits	...	...	1	-	-	-	-	1
Steakette	...	...	1	-	-	-	-	1
Sweet dumpling mix	...	...	1	-	-	-	-	1
Strawberry jam	...	...	1	-	-	-	-	1
Stout concentrate	...	...	1	-	-	-	-	1
Sprouts, Brussel	...	...	1	-	-	-	-	1
Tea bags	...	...	1	-	-	-	-	1
Tea, Indian	...	...	1	-	-	-	-	1
Tomatoes, canned	...	...	1	-	-	-	-	1
Tomato juice	...	...	1	-	-	-	-	1
Yoghurt, real fruit	...	...	1	-	-	-	-	1
Entosan tablets	...	...	1	-	-	-	-	1
Lexia fast cold relief	...	...	1	-	-	-	-	1
Feb's cold tablets	...	...	1	-	-	-	-	1
Junior aspirin	...	...	1	-	-	-	-	1
Original Fisherman's Friend lozenges	...	...	1	-	-	-	-	1
Soluble saccharin tablets	...	...	1	-	-	-	-	1
Vitamin yeast tablets	...	...	1	-	-	-	-	1
Fruit flavoured sulphur tablets	...	...	1	-	-	-	-	1
Mucron liquid for children	...	...	1	-	-	-	-	1
Pure Vitamin C powder	...	...	1	-	-	-	-	1
Totals	...	...	158	4	12	2	170	

Milk Samples. Twenty samples of milk were analysed during the year; of these eleven were taken as formal samples.

The following table shows the average composition of the samples examined during each quarter, and the yearly average.

		No. of samples	Fat %	Solids non-fat %
1st Quarter, 1971	—	—
2nd Quarter, 1971	3.62	8.85
3rd Quarter, 1971	3.99	8.76
4th Quarter, 1971	3.93	8.77
For the year 1971...	3.78	8.79
For the year 1970...	3.74	8.64
Requirements of the Sale of Milk Regulations, 1939			3.00	8.50

Unsatisfactory Samples of Food and Drugs

First Quarter

(a) Fish cakes

Two unsatisfactory informal samples of fish cakes taken in the first quarter of the year were found to contain 28.7 and 20.7 per cent. of fish respectively instead of not less than 35 per cent. as required by the Food Standards (Fish Cakes) Order, 1950, and were thus deficient in fish to the extent of 18.0 and 40.3 per cent. respectively.

Second Quarter(b) *Fish cakes*

Two formal repeat samples in connection with the above were taken during the quarter. One sample was found to be satisfactory and the other was slightly deficient in fish to the extent of 3.1 per cent. A warning letter was sent to the manufacturer.

Fourth Quarter(c) *Milk*

One formal sample of milk taken during this quarter was slightly deficient in Milk-Solids other than Milk-Fat. The Freezing Point (Hortvet) -0.528° C. showed the presence of a trace of added water. On investigation this was found to have been caused by a small amount of water having been left in the milk supply lines at the dairy concerned after sterilization of the equipment. A letter of warning was sent and repeat samples taken later proved to be satisfactory.

Poultry Inspection.—There are no poultry processing premises within the Borough.

Fertilisers and Feeding Stuffs Act, 1926.—Fifteen formal samples of fertilisers and feeding stuffs were submitted for chemical analyses. These included 6 samples of feeding stuffs and 9 fertilisers.

Of these 3 samples of fertilisers did not conform to the Statutory Statements accompanying these products. Details are as set out below:—

Fertilisers(a) *Lawn Fertiliser*

Having regard to the Fertilisers and Feeding Stuffs Regulations, 1968, the composition of the article differed by more than the prescribed Limits of Variation from the particulars given in the Statutory Statement in that it contained only 2.20 per cent. of Soluble P_2O_5 instead of 3.60 per cent. as stated in the guarantee. The sample was thus deficient in Soluble P_2O_5 by 1.40 per cent. or 38.8 per cent. of the amount guaranteed. In addition the sample contained 3.10 per cent. of Insoluble P_2O_5 instead of 2.06 as stated in the guarantee. The sample thus contained an excess of Insoluble P_2O_5 of 1.04 per cent. or 50.4 per cent. of the amount guaranteed.

When this matter was brought to the attention of the manufacturers it was stated that the variation in the Phosphoric Acid content was due to reversion of the Soluble Phosphoric Acid into Insoluble Phosphoric Acid which occurs fairly frequently owing to the fact that both organic and inorganic fertilisers are used. Steps are being taken to overcome this problem in future.

(b) *Superphosphate*

Having regard to the Fertilisers and Feeding Stuffs Regulations, 1968, this sample contained a slight excess of P_2O_5 .

(c) *Bone Meal*

Having regard to the Fertilisers and Feeding Stuffs Regulations, 1968, this sample contained a slight excess of nitrogen.

**PART VII.—ADDITIONAL INFORMATION
NATIONAL ASSISTANCE ACTS : INCIDENCE OF BLINDNESS**

Twenty-nine Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons, 17 were certified as blind and 10 as partially-sighted; one was neither blind nor partially-sighted and one re-examination showed no change. No case of retrorenal fibroplasia was reported.

The total number of blind persons in the Borough on the 31st December was 161 (65 males, 96 females). The number of partially-sighted persons was 81 (32 males, 49 females).

Follow-up of Registered Blind and Partially-Sighted persons

	<i>Cause of disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrorenal fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—				
(a) No treatment	5	—	—	10
(b) Treatment (medical surgical or optical)	6	1	—	7
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	4	—	—	5

PERSONS IN NEED OF CARE AND ATTENTION

Action under Section 47 of the National Assistance Act, 1948 (as amended) was taken on one occasion during the year to remove a female, aged 80 years, to Part III Accommodation.

EPILEPTICS AND CEREBRAL PALSY

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:

Epileptics

		<i>Males</i>	<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
<i>At ordinary school</i>	<i>Males</i>	—	15	—	—	15
	<i>Females</i>	—	17	—	—	17
<i>At special school</i>	<i>Males</i>	—	—	—	—	—
	<i>Females</i>	—	1	—	—	1
<i>At training centre</i>	<i>Males</i>	—	2	1	—	3
	<i>Females</i>	1	5	—	—	6
<i>*In employment</i>	<i>Males</i>	—	—	16	—	16
	<i>Females</i>	—	—	5	—	5
<i>At home</i>	<i>Males</i>	1	—	20	—	21
	<i>Females</i>	—	—	2	—	2
TOTALS		2	40	44	—	86

Cerebral Palsy

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school	Males	—	3	—	—	3
	Females	—	12	—	—	12
At special school	Males	—	4	—	—	4
	Females	—	3	—	—	3
At training centre	Males	—	6	—	—	6
	Females	—	—	—	—	—
*In employment	Males	—	—	3	—	3
	Females	—	—	1	—	1
At home	Males	4	—	1	—	5
	Females	4	—	—	—	4
TOTALS		8	28	5	—	41

* Per Disablement Resettlement Officer.

MEDICAL EXAMINATIONS

Medical examinations for superannuation purposes were carried out on 230 employees during the year, 214 by medical staff of the department and 16 by requests to other local authorities. Of these 4 were found unfit for entry into the superannuation scheme, and one was deferred for a probationary period.

Twelve employees for retirement on medical grounds were referred to the Medical Officer of Health in his capacity as Medical Referee to the Corporation, who in addition investigated and made special reports on 18 employees who had been absent from duty for a period of three months and over.

Examinations for entry into the teaching profession numbered 33, 15 of these by requests to other authorities. Each candidate received x-ray examination of the chest before appointment and all were found to be fit for entry into the profession. Ninety-four candidates for admission to training colleges were also examined by the medical staff, in addition to undergoing an x-ray examination of the chest.

The number of persons examined for employment in the School Meals Service and the College of Technology Refectory of the Local Education Authority was 104. This examination includes tests for carrier conditions and one candidate was found to be unfit for such employment.

Five firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950.

The above represents a total of 478 medical examinations during the year, 447 of which were performed by medical staff of the department, compared with 539 and 504 respectively in 1970.

As recommended in Ministry of Health Circular 18/67—Protection of Children from Tuberculosis—31 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

In accordance with Regulation 22(2) of The Motor Vehicles (Driving Licences) Regulations, 1970, the Medical Officer of Health reported on 30 persons suffering from epilepsy.

BLOOD DONORS

The Health Clinic in Milton Road was placed at the disposal of the Sheffield Regional Transfusion Team to hold taking sessions on two occasions during the year.

LABORATORY FACILITIES

The examination of specimens is carried out in the pathological laboratory at the Grimsby General Hospital. A total of 369 specimens was sent by the Health Department, compared with 726 in 1970.

GRIMSBY CREMATORIUM

Year	Residents from		Total
	Grimsby residents	other areas	
1967	...	698	1,513
1968	...	665	1,598
1969	...	733	1,533
1970	...	817	1,718
1971	...	761	1,575

PART VIII

SCHOOL HEALTH SERVICE

SCHOOL HEALTH SERVICE

**REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1971**

To the Chairman and Members of the Education Committee.

The health of the Grimsby school population continues to be very satisfactory.

There were no serious outbreaks of infectious disease and the immunisation schemes continued unabated.

The common skin infections, i.e. scabies and impetigo, remain at a very low level, but there is a slight increase in the number of cases of verucca attending the special clinic. Part of this increase may be accounted for by the fact more general practitioners are referring cases. In the light of our present knowledge there is no sure method of prevention. Ensuring early diagnosis and adequate treatment are the best available means of combating this condition.

The very interesting report by the Chief Educational Psychologist shows clearly the ever increasing need for this service

The lack of a Speech Therapist for most of the year created the usual problems.

Physical Education receives the place in the curriculum it deserves. Its great importance to the proper development of mind and body cannot be over-emphasised.

It would appear that the School Dental Officer is doomed to suffer from a chronic shortage of dental officers, and things were made even worse by the serious illness of Mr. Watson. We are pleased that he has made a complete recovery. I am beginning to doubt if the general public in this area will come to their senses and demand fluoridation of the water supply!

It is almost paradoxical that for the first time the number of children examined showed one hundred per cent "satisfactory" nutritionally. This made the task of assessing those who needed free school milk on medical grounds even more difficult.

I am grateful to the Education Committee for their interest in health matters and also to the Director and his staff. As always the full co-operation of the teachers has been offered willingly.

R. GLENN,
Medical Officer of Health

HEALTH DEPARTMENT,
QUEEN STREET,
GRIMSBY.
April, 1972.

GRIMSBY COUNTY BOROUGH EDUCATION COMMITTEE

The Worshipful the Mayor—Alderman Mrs. L. Trayer

Chairman—Alderman A. M. Chatteris

Vice-Chairman—Councillor P. J. Shinner

Director of Education—W. P. Knight, B.Sc., M.Ed.

STAFF OF SCHOOL HEALTH SERVICE

Medical Officer of Health and Principal School Medical Officer—

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H., F.R.S.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer—

ROBERT G. HAUGHIE, M.B., Ch.B. D.P.H

School Medical Officer—

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

JACK BUCKINGHAM, M.B., Ch.B., D.P.H. (from 22.2.71)

MAIRE M. WARD, M.B., B.A.O., B.Ch.

Principal Dental Officer—

GEOFFREY S. WATSON, B.D.S., L.D.S.

Senior Dental Officer—

PAUL W. GENNEY, B.D.S.

Dental Officers—

JENNIFER AYERS*, L.D.S.

HELEN ALLAN*, L.D.S., R.C.S., (Eng.)

DAVID U. E. MILLER*, L.D.S., R.C.S., (Eng.)

ANN TEMPLETON*, B.D.S.

Medical Anaesthetist—

F. M. MacDONAGH*, M.R.C.S., L.R.C.P

Director of Nursing Services

Mrs. I. HALDANE

Health Visitor/School Nurses—

Miss J. BELL, Mrs J. BARKER (from 1.10.71), Mrs. J. Cresswell (from 1.10.71), Mrs. M. DAWSON, Mrs. M. FREEMANTLE (res: 31.3.71), Mrs. M. HIGSON (from 1.10.71),

Mrs. M. JOHNSON, Mrs. M. KOZLOWSKI, Miss V. PAYNE, Mrs. I. STOREY

School Nurses—

Mrs. L. BELL* (from 3.12.71) Mrs. M. COLEMAN (from 1.9.71), Mrs. L. HALLAM, Mrs. A. NICHOLSON (ret: 31.12.71), Mrs. M. RIGGALL, Miss H. SCARLETT, Mrs. O. TAYLOR*, Mrs. M. WALMSLEY* (from 7.9.71)

Clinic Nurses—

Mrs. S. GARROD, Mrs. J. RATHIE

Dental Attendants—

Miss I. CHASE, Miss M. CUTTING, Mrs. M. FINNIE, Mrs. S. MASON

Clerical Staff—

Miss A. ROBERTS (Senior), Miss J. BINNINGTON, Mrs. M. DRINKELL*,

Mrs. J. OATEN*, Mrs. M. AYLOTT (Dental)

*part-time appointment

GENERAL INFORMATION

Home population at all ages (estimated at 30th June)	95,610
Estimated child population (30th June 1971).	
Under 1 year ...	1,650
1 to 4 years inclusive ...	6,750
5 to 14 years inclusive ...	17,200
Total under 15 years ...	<u>25,600</u>

Primary Schools					<i>Number on Rolls</i>
Number of Schools	...	...	24		11,364
Number of departments	...	...	41		
Secondary Schools					
Number of schools	...	...	7		3,155
Number of departments	...	...	7		
Secondary Grammar and Technical Schools					
Grimsby Wintringham Grammar School			...	...	1,171
Havelock School	...	...	...	...	1,340
Heneage School	...	...	...	...	686
Hereford Comprehensive School			...	...	1,390
Special Schools					
Carnforth Day Special School	...	...	...	...	142
Sutcliffe School	...	...	...	...	62
Nursery School					
Nunsthorpe Nursery School	...	...	...	...	44
Total number of pupils on rolls (January, 1972)					<u>19,354</u>

PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (Including Nursery and Special Schools)
TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination (See Note 1 above)	Pupils found to require treatment excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 and later	109	109	—	—	1	16	16
1966	771	771	—	—	13	116	113
1965	839	839	—	—	15	103	110
1964	122	122	—	—	1	13	12
1963	20	20	—	—	—	2	2
1962	27	27	—	—	—	5	5
1961	56	56	—	—	—	1	1
1960	1,451	1,451	—	—	54	104	141
1959	709	709	—	—	25	49	68
1958	30	30	—	—	2	3	5
1957	271	271	—	—	15	16	31
1956 and earlier	689	689	—	—	36	49	78
TOTAL	5,094	5,094	—	—	162	477	582

Col. (3) total as a percentage of Col (2) total 100%

Col. (4) total as a percentage of Col. (2) total —%

TABLE B.—OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	223
Number of Re-inspections	56
Total	279

TABLE C.—INFESTATION WITH VERMIN

NOTES: All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 37,422

(b) Total number of individual pupils found to be infested .. 1,311

(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .. 127

(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)) .. 100

PART II.—DEFECTS FOUND BY PERIODIC AND SPECIAL

MEDICAL INSPECTIONS DURING THE YEAR

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at period and special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table, should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin	T O	12 50	5 20	14 67	31 137	77 —
5	Eyes—						
	a. Vision ..	T O	29 19	49 156	84 141	162 316	— 2
	b. Squint ..	T O	9 32	1 6	5 50	15 88	— 2
	c. Other ..	T O	1 17	— 5	2 13	3 35	47 —
6	Ears—						
	a. Hearing ..	T O	20 13	2 2	10 18	32 33	— 1
	b. Otitis Media ..	T O	8 22	— 3	4 22	12 47	— —
	c. Other ..	T O	— 2	1 2	3 5	4 9	17 —
7	Nose and Throat ..	T O	24 86	2 7	13 48	39 141	— —
8	Speech	T O	2 10	— 2	3 76	5 88	— 1
9	Lymphatic Glands	T O	— 4	— —	— 4	— 8	— —
10	Heart	T O	6 19	— 7	3 26	9 52	— 4
11	Lungs	T O	— 40	— 9	— 35	— 84	— —
12	Developmental—						
	a. Hernia ..	T O	1 2	— —	— 3	1 5	— —
	b. Other ..	T O	1 17	1 12	8 40	10 69	— 1
13	Orthopaedic—						
	a. Posture ..	T O	— 1	— 3	— 15	— 19	— —
	b. Feet ..	T O	3 9	3 3	2 18	8 30	— —
	c. Other ..	T O	1 15	2 7	2 35	5 57	— —
14	Nervous System—						
	a. Epilepsy ..	T O	— 4	1 2	— 23	1 29	— —
	b. Other ..	T O	— 3	1 2	— 18	1 23	— —

15	Psychological— a. Development ..	T	—	—	1	1	—
		O	7	—	179	186	—
	b. Stability ..	T	—	—	5	12	—
		O	42	4	194	240	1
16	Abdomen	T	1	—	1	2	—
		O	5	—	6	11	—
17	Other	T	3	—	1	4	—
		O	13	5	37	55	1

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(Including Nursery and Special Schools)**

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

		Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint		17
Errors of refraction (including squint)		252
Total		269
Number of pupils for whom spectacles were prescribed		180

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

		Number of cases known to have been dealt with
Received operative treatment— (a) for diseases of the ear		74
(b) for adenoids and chronic tonsilitis		187
(c) for other nose and throat conditions		20
Received other forms of treatment		3
Total		284
Total number of pupils still on the register of schools at 31st December, 1971, known to have been provided with hearing aids: (a) during the calendar year 1971 (see note below)..		3
(b) in previous years		8

A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

		Number known to have been treated
(a) Pupils treated at clinics or out-patients departments		72
(b) Pupils treated at school for postural defects		—
Total		72

TABLE D.—DISEASES OF THE SKIN
 (excluding uncleanliness, for which see Table C of Part I)

							Number of pupils known to have been treated
Ringworm—(a) Scalp	..	..	..	..	..	..	—
(b) Body	..	..	..	..	..	..	—
Scabies	..	..	..	..	..	..	31
Impetigo	..	..	..	..	..	..	14
Other skin diseases	..	..	..	..	..	..	35
				Total	..	..	80

TABLE E.—CHILD GUIDANCE TREATMENT

				Number known to have been treated
Pupils treated at Child Guidance clinics	..	..	..	794

TABLE F.—SPEECH THERAPY

				Number known to have been treated
Pupils treated by speech therapists	..	..	..	No figures available

TABLE G.—OTHER TREATMENT GIVEN

				Number known to have been treated
(a) Pupils with minor ailments	..	..	..	1,921
(b) Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	—
(c) Pupils who received B.C.G. vaccination	..	..	..	1,867
(d) Other than (a), (b) and (c) above. Please specify:				
1. Respiratory System	..	..	..	12
2. Cardio-Vascular System	..	..	..	6
3. Alimentary System	..	..	..	128
4. Central Nervous System	..	..	..	16
5. Genito-Urinary System	..	..	..	41
6. Other conditions not specified	..	..	..	41
Total (a)—(d)	..	..	..	4,032

SCHOOL DENTAL SERVICE

		Number of Pupils			
	Inspected	Requiring treatment		Offered t'ment	
(a) First inspection—school	4,021	4,022		4,022	
(b) First inspection—clinic	2,719				
(c) Re-inspection—school or clinic	305	223		223	
TOTALS	7,045	4,245		4,245	
VISITS (for treatment only)		Ages	Ages	Ages	
First visit in the calendar year	5 to 9	10 to 14	15 and over	Total	
Subsequent visits	1,608	1,535	392	3,535	
Total visits	713	2,522	763	3,998	
	2,321	4,057	1,155	7,533	
COURSES OF TREATMENT					
Additional courses commenced	95	83	35	213	
Total courses commenced	2,416	4,140	1,190	7,746	
Courses completed	—	—	—	2,875	
TREATMENT					
Fillings in permanent teeth	550	3,452	1,683	5,685	
Fillings in deciduous teeth	318	32	—	350	
Permanent teeth filled	500	2,826	1,241	4,567	
Deciduous teeth filled	288	28	—	316	
Permanent teeth extracted	262	1,187	358	1,807	
Deciduous teeth extracted	3,138	848	—	3,986	
Number of general anaesthetics	1,270	800	149	2,219	
Number of emergencies	868	421	80	1,369	
Number of pupils x-rayed	...	...	...	190	
Prophylaxis	...	...	...	550	
Teeth otherwise conserved	...	...	...	22	
Teeth root filled	...	...	...	35	
Inlays	...	...	...	2	
Crowns	...	...	...	22	
ORTHODONTICS					
New cases commenced during the year	...	...	...	48	
Cases completed during the year	...	...	...	26	
Cases discontinued during the year	...	...	...	1	
Number of removable appliances fitted	...	...	...	74	
Number of fixed appliances fitted	...	...	...	—
Number of pupils referred to Hospital Consultants	...	...	...	—
DENTURES					
Number of pupils fitted with dentures for the first time:	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total	
(a) with full denture	—	—	—	—	
(b) with other dentures	1	26	8	35	
TOTAL	1	26	8	35	
Number of dentures supplied (first or subsequent time)	2	28	11	41	
ANAESTHETICS					
Number of general anaesthetics administered by Dental Officers	...	...	...	37	
SESSIONS		Number of clinical sessions worked in the year			
		School Service		M. & C.W. Service	
	Administrative Sessions	Inspec-tion at School	Treat-ment	Dental Health Educa-tion	Total Ses-sions
Dental Officers (incl. P.S.D.O.)	32	22	1,223	—	64
Dental Auxiliaries	—	—	—	—	—
Dental Hygienists	—	—	—	—	—
Total	32	22	1,223	—	64
					1,341

DENTAL HEALTH EDUCATION

Distribution of posters leaflets and to schools. Leaflets and posters displayed in the Clinics.

MEDICAL INSPECTIONS

General condition of pupils inspected.—The routine medical inspection of school children continues to be one of the most important aspects of the work of the School Health Service, and pupils are examined at least three times during their school life—first as a school entrant, then at the age of 10-11 years and finally as a school leaver.

On examination children are divided into two categories (satisfactory or unsatisfactory) according to their physique, height-weight ratio and present state of health. Of the 5,094 children medically examined none were classified as unsatisfactory.

The number of pupils paying for school dinners this year was 8,743 and 1,678 were receiving them free. The daily number of children taking school milk was 3,720.

School Clinics.—There are two school clinics—one in Milton Road which is open all day from 8.40 a.m. to 5.30 p.m., and the other at 34 Dudley Street which is open during mornings only. Minor ailment sessions are held each morning, and new cases seen by the clinic nurses were 1,744 (1,585 the previous year), with a total of 7,682 attendances.

Special sessions were held as follows: Ophthalmic—weekly; Cardiac—monthly or by arrangement.

In addition, the School Medical Officers carry out the examination of candidates for admission to training colleges and entrants to the teaching profession.

Uncleanliness.—The following gives the details of cleanliness inspections with a comparison shown in brackets for the previous year:—

Total inspections...	...	37,422	(35,163)
Number of individual pupils found to be infested	...	1,311	(1,121)
Number of pupils found to be unclean at the time of routine medical inspection	...	26	(46)

Facilities are available at both school clinics for children who repeatedly attend school in a verminous condition to be treated by a trained nurse. Head lotion and special shampoos are freely available from both school clinics where a clinic nurse is in daily attendance.

Diseases of the skin.—Many children with skin conditions are referred directly from schools and other sources to minor ailments sessions for treatment as well as those cases discovered at routine or special medical inspections.

The incidence per one thousand inspections of all skin diseases found at routine medical inspections during the last five years is as follows:—

	1967	1968	1969	1970	1971
All skin diseases	4.7	5.6	6.5	4.1	3.0
Scabies	1.0	0.2	0.3	0.2	0.1

The following shows the number of cases of contagious skin diseases seen by the medical officer and treated at the clinics during the same period:—

	1967	1968	1969	1970	1971
Scabies	117	59	40	29	30
Impetigo	14	33	18	5	14

Plantar Warts.—The number of children attending the School Clinic for treatment of this complaint was 766. The routine treatment with Chlorosal proved satisfactory in all cases.

Defects of Vision—Routine vision testing is carried out by school nurses on school entrants and is repeated at ages 8 years, 11 years and finally as school leavers. The last test combines colour vision screening by the Ishihara method.

Two hundred and fifty two children (147 new cases) were referred to the special Ophthalmic Clinic and glasses were prescribed for 192. Attendances were 394 and no new case of eye disease was referred from the school clinic during the year.

Diseases of Ear, Nose and Throat:—

(a) **Audiometry.**—Routine audiometric testing continued to be carried out at school on 682 children in the eight year old group, and of these 15 were referred to the special audiology session at the School Clinic.

The total number of cases seen at the audiology session was 83, with 21 being referred to the E.N.T. specialist on account of deafness.

(b) **Nose and Throat Defects.**—The number of cases found to require treatment at routine and special inspections was 27, which were classified as follows:—

Chronic tonsillitis	...	...	...	...	...	...	6
Adenoids only	...	...	...	...	...	...	7
Chronic tonsillitis and adenoids	...	...	...	...	...	...	1
Other conditions	...	...	...	...	...	...	13

Heart Diseases and Rheumatism.—Nine consultative clinics were held at the school clinic with 63 children (7 new cases) making a total of 68 attendances.

HANDICAPPED PUPILS AND SPECIAL SCHOOLS REGULATIONS, 1959 (As at end of January, 1972)

Categories of Handicapped Pupils	Number at ordinary school	Number at special school	Number not at school
Blind	—	3	—
Partially sighted	—	—	—
Deaf	1	8	—
Partial hearing	—	3	—
Educationally sub-normal ..	44	182	1
Epileptic	32	3	—
Maladjusted	2	6	—
Physically handicapped ..	1	7	—
Speech defect	—	1	—
Delicate	—	2	—

Infectious Diseases.—The incidence of notifiable disease in children aged 5 to 15 years was as follows:—

Scarlet Fever 74 (46); measles 76 (582); whooping cough 21 (26); chicken pox 112 (66); dysentery—(10); acute meningitis—(2); infective jaundice 1(83); tuberculosis 3 (3).

B.C.G. Vaccination.—Routine vaccination was offered to pupils over the age of twelve years and the number to receive B.C.G. vaccination was 1,867, compared with 1,243 the previous year. Children with positive skin test reactions are given an opportunity for x-ray examination at the Chest Clinic. On Heaf testing it is found that the number of positives is gradually decreasing and represents at the present time about 4 percent.—whereas in 1965 the percentage was 8.

Tuberculin Survey in Schools.—This work is carried out where indicated to exclude the possibility of infection among school children, but fortunately this year there was no need to carry out a tuberculin survey in any school.

Diphtheria immunisation.—Special diphtheria immunisation sessions were conducted at school premises in conjunction with medical inspections, and of the following details 347 primary and 2,247 maintenance injections were carried out in schools.

	<i>Primary Immunisation</i>		<i>Reinforcing injections</i>	
Under 5 years	1,219		Under 5 years	13
5 to 15 years	479		5 to 15 years	2,602
	<hr/>		<hr/>	<hr/>
	1,698			2,615

The total primary immunisations for the previous year was 1,545 and reinforcing injections numbered 2,615.

Poliomyelitis vaccination.—The number of children to receive the complete course of ORAL vaccine was as follows:—

Under 5 years ...	...	...	...	...	...	...	1,028
5 to 15 years ...	...	...	...	...	...	...	519
	<hr/>						<hr/>
							1,547
Reinforcing doses ...	...	...	...	...	...	...	2,624
The total primary immunisations for the previous year was	...	...	...	...	...	...	1,645

Measles vaccination.—The number of children immunised against measles was 619 (1105 in 1970), and of these 8 were of school age. There is still a lack of enthusiasm among parents for this form of immunisation.

Rubella vaccination.—A great amount of progress was made in this direction and 1,967 girls were vaccinated. The response to this immunisation is very good indeed and a programme will be carried out each year of girls aged 11/12 years. Last year 503 girls were immunised.

Health Education.—A comprehensive programme of Health Education was carried out by the Health Visitors and a School Nurse for second, third and fourth year pupils of both sexes in secondary schools.

The programme varied from weekly sessions lasting three terms to the odd three or four lectures on a specific subject. One special request was for pupils in the fifth and sixth years pursuing a more academic course.

Films along with other educational media, were used on many topics, which included venereal diseases and smoking. Classes ranged from approximately 6 to 20 pupils.

Visits to infant welfare and school health clinics were organised for practical sessions. These were enjoyed and proved to be interesting and informative to all the participants.

Parents were invited to a secondary girls' school for the screening of a venereal diseases film. The response was good, and when asked afterwards for their comments, it was agreed that teenagers should receive this vital information in this way because they (the parents) could not begin to explain in the professional way the film had. The parents were also very pleased to know that thought was being given to their children's welfare.

It is increasingly obvious from the many questions posed by pupils, both during discussion and in writing, that the thirst for information about sexual behaviour, pregnancy and abortion is extremely vast and nearly insatiable.

Employment Certificates.—During the year certificates were issued to 149 school children who were engaged in particular employment after school hours.

Provision of Clothing.—Clothing was supplied to 764 children at a cost of £6,199.

DENTAL SERVICE

(*Report by Mr. Geoffrey S. Watson, B.D.S., L.D.S.
Principal School Dental Officer*)

The year proved to be a disappointing one as far as the dental service was concerned, in the sense that the prolonged absence through sickness of one of the two full-time dental officers had a proportional effect upon the amount of work achieved. It is to be hoped that 1972 proves to be more favourable.

The full-time staff shortage still remains the major problem in this service. Grimsby appears to be an unattractive town judging by the very few replies received to advertisements in the professional journals.

It is regretted that no further progress has been made by the fluoridation of the water supplies. Perhaps the future development of vaccination for the elimination of dental decay may hold more promise.

The replacement of surgery equipment continues, and as in all sectors the increase of costs over the last two years is considerable.

My thanks are due to my colleagues and staff who "held the fort" during my illness from May to October, and to the staffs of the Education and Health Departments.

CHILD GUIDANCE SERVICE

(Report by Mr. J. T. Sime, Senior Educational Psychologist)

SECTION I

The Grimsby Child Guidance Service was established 24 years ago and for nearly a quarter of a century has acted as an integral and essential part of the educational provision of the Borough. Child Guidance takes many varied forms in various parts of the country due mainly to historical factors. Some Child Guidance Services are tied to hospitals, for example, and deal with children referred mainly by doctors. Our emphasis is on prevention by attempting a cure at an early age before symptoms of a very severe nature show themselves. This is not always possible but by screening the "at risk" pupils by means of the Child Guidance Remedial Service (details of which are given in Section V) we are able to prevent the development of a considerable amount of full blown maladjustment. The statistics do not show referrals by the remedial teachers because all referrals from schools come from the Head Teachers. Head Teachers are frequently guided by the Remedial Teachers and the Senior Remedial Teacher, Mr. Hymers, in making such referrals. A further source of screening, and therefore prevention, is the annual list of children prepared by Infant Head Teachers of those pupils not making progress and who are suspected of being educationally subnormal. A number of such children turn out to be educationally subnormal and are placed in the Borough's excellent school for Educationally Subnormal Children, Carnforth. Others are found to be failing due to emotional factors, and since this is often the tip of the iceberg, other problems, behavioural, habitual or social, often emerge. Helping such children becomes not merely an educational problem but one of a readjustment of the child's total emotional environment and involves considerable social work with the parents of a highly skilled nature. So often the "common sense" approach is not only not helpful but can at times be actually harmful. An example of this is when the parent of a child with poor reading is advised to help him at home. Normally this is fine but when the source of the child's emotional difficulties is the parent not only his reading but also his emotional problem is made worse. This is an obvious case but there are many others where what might be good advice under normal circumstances is bad advice when given concerning a particular individual. Of course we do use a common sense approach and we believe that this is essential if we are to get through to the parents of the children we see, but it must also be a totally professional and informed approach. For this reason we put great emphasis on training. The total Child Guidance Staff including the teachers involved with remedial teaching in the schools meet once a month for an on-going in-service training course, consisting of films, lectures and discussions on topics relevant to emotional, behavioural, habitual or educational problems met with in the course of our work. Remedial Teachers, when they first take up an appointment with us, are given a series of 12 half day lectures to fit them for their duties. Apart from new Remedial Teachers we have had a number of other teachers attending at the request of their Head Teachers. We welcome this, particularly from schools without a Remedial Teacher.

OUTLINE OF THE WORK CARRIED OUT IN 1971

A. Prevention

(1) *Lectures to Parent Groups:* A considerable amount of such lecturing has been carried out during the year without charge and in our own time in the evenings.

(2) *Remedial Teacher Training Course:* A series of twelve half days is devoted to this, usually on Friday mornings. Details of this course are attached

for the information of Head Teachers. There have been so many private requests for members of school staffs to be included that it is felt that information about these courses should be more widely distributed.

(3) *Staff In-Service Training:* Monthly lectures, films and discussions are held to keep staff up to date with developments in understanding the problems we have to deal with.

(4) *Lectures to the Residential Staff of the Social Services Department:* A series of 30 lectures (45 hours in all) were given on the psychology of child development and problems as part of the Department's training programme.

(5) *Play Group Leaders Course:* This was run jointly by the College of Technology and the Child Guidance Centre under the guidance of Mrs. M. N. Green, J.P. This proved so popular that a series of more advanced lectures were given.

B. Assessment and Guidance

(1) *Assessment of children failing in school work and recommendations for special educational treatment.*

The problem here is to sort out those who are intellectually slower from those whose failure arises, as it is often found to do, from emotional or other problems. When educational subnormality appears to be the case after an exhaustive individual assessment of his intelligence, educational attainments and general emotional and maturity status (a process taking something in the region of two hours), a case discussion follows. If it is decided to go ahead a second, but different individual Intelligence Scale is used to re-examine the child. The matter is further discussed. If we are still of the same opinion the matter is again discussed with the referring Head Teacher to get his consent to a recommendation being put forward for special educational treatment. Such a discussion is particularly valuable when dealing with borderline cases. The question often put in borderline cases to the Primary Head Teacher is "would this child cope at the Secondary level?" In view of the waiting list for special educational treatment one must often look well ahead.

(2) *Assessment of children for whom there have been no secondary selection tests such as children arriving from other areas.*

(3) *Assessment for educational advice of any child for whom a Head Teacher requires more information.*

We are asked "does he lack ability or are there other problems holding him back?". This question is as likely to be asked of an 'A' level candidate as of a non-reader.

(4) *Assessment of emotional, behavioural and habitual problems* either to report to a Head Teacher, doctor, the Social Services Department or other agency, or, more usually to suggest and carry out some form of guidance, remedial work or psychotherapy to reduce or remove the problems. *At the end of the year there was a waiting list of 35 children who could not be seen.*

C. Guidance and Psychotherapy

This is based on a full assessment but before being undertaken requires, in addition, a full social and developmental history.

(1) *The parent is usually advised on handling* in the light of our findings. This may be a case of seeing the parent once or twice or may involve regular support over a number of months or even years. One file of a boy who was a particular problem but is no longer under our care is no less than five inches thick! One must take care when assessing work done by bare statistics alone since this case counts as one referral.

(2) *The School may be advised on handling or on educational treatment suitable to particular children.*

(3) *Group Psychotherapy* may be undertaken for a small number of specially selected children who require intensive help because of their problems. Our capacity is 30 children at any one time and they are seen weekly. *At the end of the year there were 10 children diagnosed as needing such help on our waiting list to receive it.*

(4) *Individual Psychotherapy:* An even smaller number of children are selected for individual treatment. The number we can deal with is a total of 12. This number is limited by the fact that such help is the most time consuming of all. We are at present at full capacity and *there are three children diagnosed as needing such help on our waiting list.*

(5) *Remedial Teaching:* When this is diagnosed as being necessary it is usually done by the Remedial Teacher attached to a particular school. In all 628 children were given such help in 1971.

(6) *Individual Remedial Help in the Child Guidance Centre:* When the problem is very severe or when an on-going diagnosis is necessary individual children are seen as often as three times a week at the Child Guidance Centre. Such help is limited to 12 children because of the time involved. Regular case discussions are held to review progress and suggest methods or further investigations.

D. English to Chinese

It is the duty of the Education Authority to provide an education suited to a child's age, aptitude and ability. In order to do this it is necessary for non-English speaking children to be given a basic grasp of our language. To prevent the development of educational retardation we took one Chinese child for English lessons. The need has proved so great that this year 13 Chinese children have been referred by Head Teachers who have been unable to teach them adequately until they had obtained a better understanding of our language. One child is being seen at the request of the neighbouring Lindsey Authority. I am grateful to Mr. F. J. Nicholls for his dedicated and careful work in this field.

E. Severely Subnormal Pupils

In a category by itself is the assessment of severely subnormal children attending the Sutcliffe S.S.N. School and the giving of advice on handling and teaching. In April we were faced with this problem when the Sutcliffe School came within the educational system. Every child in the School has now been seen and a mental age level, up dated to November 1971, produced. This was put together on a list with other relevant information as a basis for a teaching programme for each child. At this stage it was found necessary to discuss the child and his particular abilities with the parents, since one is less justified than with normal children of generalising. Each child is a completely individual being who at times may produce surprising abilities which are at variance with his general functional level. Parents co-operation has been sought and already a number of interviews have been booked in the new year. After the parents are seen there will be a case conference on the child which will be attended by the Child Guidance worker who interviewed the parent, the child's Head Teacher and class teacher and the Senior Educational Psychologist.

F. Hospital Teaching

Hospital classes are held in the Scartho Road Hospital and the General Hospital, Grimsby. Nearly a thousand children were helped last year (991). The aim of these classes is to prevent retardation by keeping them up with school work while in hospital. We also feel that recovery is aided by keeping them busy and happy.

G. Guidance to Head Teachers and Class Teachers on Retardation and Backwardness Generally

It is not perhaps generally realised outside educational circles that the Child Guidance Service is concerned with educational problems not only when specific cases are referred but also in a more general way. Backwardness generally is our concern and our advice is often sought by Head Teachers and Heads of backward or remedial departments in secondary schools. Practical advice on reading materials, methods of instruction and general guidance are available. Head Teachers have in addition requested that members of their staff could be included in our remedial course. When this happens we tend to keep contact with such teachers in an advisory capacity and give them access to our books and psychological research journals. Our help has been requested in the organisation and staffing of secondary backward departments. On more than one occasion we have actually lent them staff to get them started along the right lines.

SECTION II

Medical Help

During the year we have been ever grateful for the help, co-operation and guidance provided by Dr. Glenn and his staff without which we should have had great difficulty in performing our function. We are grateful also to the General Practitioners in the Borough who have not only referred children but offered help and advice. Thanks are due to Dr. Edmondson for his Wednesday afternoon visits. The Combined Clinic held by Dr. Hunter and attended by a representative of the Child Guidance Centre has been an invaluable aid to us because it brings us into contact with children with possible educational problems or low ability at an early age.

SECTION III

The Remedial Service

This is an essential part of the Child Guidance Service as has already been shown in Section I. Remedial Teachers work within the Centre and in 14 schools in the Borough. They are supervised by the Senior Remedial Teacher, Mr. E. F. Hymers, who works under the guidance of the Senior Educational Psychologist. In addition to his duties of supervising and guiding the Remedial Teachers he undertakes work with Secondary Backward Departments. He is also the Child Guidance Psychological Examiner and as such uses a wide variety of psychological tests. He has been deeply involved in the assessment of children in the Sutcliffe School.

Mrs. M. N. Green, J.P., has for thirteen years taught retarded children in the Centre. For eleven years she has used psychological tests for diagnosis of the problems of retarded children.

SECTION IV

In-Service Training Lectures

The course for new Remedial Teachers which lasts 12 weeks and is held each Friday morning, is attached for information. Apart from this we hold monthly in-service training meetings which all remedial teachers attend. This year a series of lectures by the Senior Educational Psychologist on Maladjustment was followed by a lecture by Mr. Laing, Deputy Headmaster of the Deighton Close School for Maladjusted Boys, who kindly gave us the benefit of his experiences with such children. A film on the cause and effects of Maternal Deprivation was shown. One session dealt with the nature of intelligence and creativity. Another session was devoted to the problems of freedom versus authority in education as illustrated at Summerhill, the internationally known school run by A. S. Neill.

SECTION V

STATISTICS FOR ANNUAL REPORT AT 31st DECEMBER 1971

Number of cases carried forward from 1970	...	402	Increase of 32%
Number of cases referred during 1971	...	392	Increase of 29%
Total number of cases dealt with during 1971	...	794	Increase of 28%
Number of cases open at 31.1.71	...	434	Increase of 42%

Age at time of referral (of those referred in 1971)

Below five years	...	...	...	34	Increase of 36%
Five but not seven	...	...	...	88	Increase of 35%
Seven but not eleven	...	...	...	137	Increase of 5%
Eleven but not fifteen	...	...	...	106	Increase of 12%
Fifteen and over	...	...	...	27	Increase of 25 cases
				392	Increase of 24%
Total number of girls referred	...	...	...	139	Increase of 10%
Total number of boys referred	...	...	...	253	Increase of 33%
				392	

Reason for Referral

Habit problems	...	...	...	...	23
Emotional problems	...	...	...	...	37
Behaviour	...	...	...	...	93
Psychiatric or Court Report	...	...	...	...	1
Educational Guidance and Mental Assessment	...	...	...	200	
School non attendance	...	...	...	...	23
English to Chinese Children	...	...	...	...	13
Other	...	...	...	...	2
				392	

Source of Referral

Parents	...	...	...	...	59
Head Teachers	...	...	...	...	245
Medical Officer of Health	...	...	...	...	14
Director of Education	...	...	...	...	25
G.P.'s and Consultants	...	...	...	...	24
Social Services Department	...	...	...	...	13
Probation Officer	...	...	...	...	1
Police	...	...	...	...	0
Other	...	...	...	...	11
				392	

Number of children dealt with by the Remedial Teachers	...	...	...	...	628
Number of children dealt with by the Hospital Remedial Staff	...	...	...	...	991
Total number of children dealt with	...	...	...	...	1619

SECTION VI

Comments on the Statistics

The total number of Grimsby cases dealt with last year was 619 while the figure for this year is up by 28% to 794. The number of cases still open at the end of the year had increased from 402 to 434. The number of Grimsby children referred has gone up from 316 in 1970 to 392 in 1971, an increase of 24%.

An examination of the reason for referral is interesting. During the year the number of habit problems referred increased while the number of emotional problems decreased. The number of children referred for educational guidance and mental assessment in Grimsby last year was 126, the figure for this year has shown a dramatic increase to 200. Behaviour problems are slightly down being 93 this year compared to 101 last year but since this varies from year to year the result is probably not significant. The number of Chinese children helped last year was five while the corresponding figure this year is 13.

An examination of the source of referrals is also interesting. In Grimsby last year 36 parents referred their own children whereas the corresponding figure this year is 59. Head Teachers referred 185 last year while this year the number was 245. Referrals by G.P.'s and Consultants are slightly down whereas those by the Social Services Department is slightly up on the number referred by the Children's Department the year before. A large number of children below 5 were referred and a larger number between 5 and 7. There is a slight increase in the number from 7 to 11, a slight increase in the number from 11 to 15 and a considerable increase in the number aged 15 or over. It is refreshing to note that this year 122 children under 7 were seen compared to 90 last year. We believe firmly that one cannot refer a child too young because there is so much that one can do with a child of under 7 compared to an older child. The prognosis for a child referred over the age of 15 is not so hopeful. Nevertheless within the year we had 27 children of over 15 referred compared to 2 in the previous year.

Last year 126 girls were referred compared to 190 boys. This year 139 girls were referred compared to 253 boys. Both the girls and the boys referrals have increased but there is a shift in the proportion from 60.2 per cent of boys in 1970 to 64.5 per cent of boys in 1971. It is interesting to note that this figure of around 60 per cent boys is a national one and a great number of people have speculated on why it should be that one gets roughly two boys for every one girl in any Child Guidance Centre.

SECTION VII

Conclusions

I am most grateful to all the members of staff who have worked so well and so willingly to make this a most successful year. Thanks have already been given to the various medical personnel without whose help our work would be extremely difficult. Our sincere thanks must go to our biggest source of referral, the Head Teachers, who last year sent us 62% of all the new cases we saw. They have co-operated magnificently. We hope in turn that we have helped to make their work a little less difficult by dealing with the problems they send us.

Finally, I wish to thank the Director of Education and his staff for their constant help, guidance and support. There is a spirit of friendliness and co-operation in the Grimsby Education Department which is not readily matched elsewhere.

SHORT COURSE FOR REMEDIAL TEACHERS IN THE GRIMSBY CHILD GUIDANCE SERVICE

The Grimsby Remedial Service is an integral part of the Child Guidance Service and is not simply a collection of teachers giving extra help with reading. Teaching is based on diagnosis and careful selection, and there are certain procedures which are followed in order to maintain standards. As our roots within the schools the Remedial Teachers must be able to recognise emotional problems in the early stages so that we are able to prevent rather than later having to cure.

Meeting No. 1

Points to be dealt with in the first meeting will be:

1. The place of the Remedial Teacher in the Child Guidance Team.
2. The place of the Remedial Teacher in the school.
3. Selection of children.
4. Composition of groups and the time devoted to them.
5. The practical application of tests. (Theoretical aspects will be dealt with during the second meeting.)

Meeting No. 2

Intelligence—Definitions which will include modern theories of intelligence and divergent thinking. The curve of normal distribution. What is meant by mental age? The origin of testing. Types of test—Group—Individual—verbal—non verbal, etc. Reliability.

Meeting No. 3

1. Distinction between Retardation and Backwardness.
2. The degrees of backwardness down to severely subnormal.
3. Luria's concept of Oligophrenia—symptoms and suggestions.
4. Schools for E.S.N. and S.S.N. children.
5. Ascertainment procedure.

Meeting No. 4

The Backward Child and the causes of backwardness.

Meeting No. 5

Maladjustment—Theoretical and practical aspects. Early symptoms to be looked for.

Meeting No. 6

The Retarded Child and the causes of retardation.

1. Physical defect generally, including secondary effects.
2. Sight and visual discrimination.
3. Hearing and aural discrimination.
4. Educational method and school induced retardation.
5. Home conditions.
6. Emotional factors and deprivation.

Meeting No. 7

Maternal deprivation in the young child and its effect on emotional development and educational progress. The Walter B. Canon theory of the Autonomic nervous system. *Restless children* in the classroom (brain damaged or deprived). *Over protection* and so called Dyslexia.

Reading: John Bowlby—Child Care and the Growth of Love.

Meeting No. 8

Before this week's meeting a short written test will be given on the work so far.

1. The principles of effective motivation.
2. The personality of the good remedial teacher.
3. The resemblance between remedial teaching and psychotherapy.

Meeting No. 9

A Plan of Attack for the diagnosis of cases of severe reading disability will be presented together with the tests required.

Meeting No. 10

1. Suitable books and materials.
2. The mechanics of the normal process of learning to read.
3. Developing word recognition.
4. Reading readiness.

Meeting No. 11

Practical suggestions for remedial teaching together with a look at some of the various methods which have been put forward for remedial teaching.

Meeting No. 12

The remedial teacher will be given the opportunity to test a child and diagnose his degree of retardation or backwardness and suggest remedial methods based on this diagnosis. A report will be prepared which will be submitted to the Senior Educational Psychologist and subsequently discussed in detail.

PHYSICAL EDUCATION

(Report by Mr. L. R. G. Welham, Organiser of Physical Education)

The curriculum of physical education carried out in the schools during the year 1971 remained substantially the same as that carried out during recent years. It can again be conveniently divided into that carried out during normal school hours and that carried out as extra curricular activity at both primary level and secondary level.

It should be emphasised that as part of the school curriculum physical education is in many ways unique. This was the case when physical exercise became a regular feature in the school life of the child during the early 1900s and remained so for another thirty to forty years. This was greatly to its detriment in that it was often regarded solely as a means of giving young children some relief from being confined to their desks for long periods of the day. It often enabled pupils to get some "fresh air" outside the confines of the classroom. These were perhaps valid considerations at that time.

During the last few decades, however, a wider concept of education and progress in school buildings and educational thought has been such that this previous concept is completely outdated and no longer apt. Although in some quarters even now physical education is regarded as something unique and something apart from the other subjects its place in the school curriculum on its own merits has now become an established fact and indeed forms a basic and vital part in the modern concept of the full education of the child.

It is perhaps relevant to consider how this has been achieved.

Primary

For many years the education of the infant has been based on learning by "doing"—thus practical experience in all subjects always figured prominently throughout the infant school life of the child.

Physical education lends itself admirably to this aspect. By learning by "doing" not only does a child achieve physical skill, he also obtains a *real* understanding of movement and of the meaning of words associated with movement. His vocabulary both physically and mentally is increased and enriched. For example, one simple action of climbing can involve a wide use of a vocabulary by the teacher to include such words as clench, support, pressure, tense, tight, loose, smooth, jerky, clamber—words which will probably be unfamiliar to him, but all of which augment the more common ones of hang, twist, swing, climb and hold which most infants will already probably know. By using small equipment such as balls, ropes, hoops, bats, etc. the teacher is able greatly to expand the child's vocabulary and build on previous experience, enabling a further growth of knowledge and understanding to be forthcoming in the education of the child.

Finding out for himself, i.e. experimentation, also figures prominently in infant teaching and again the physical education lesson was able to exploit this to the full. In this respect both the small equipment and the climbing apparatus enable this to be achieved.

Experimentation frequently leads to creativeness. The physical education lesson encourages him to be creative—creative in movement. Simple physical tasks are set and each child is encouraged to develop his own interpretation of the "task". Consequently a wide variety of basic movements are seen, each fulfilling the requirements of the task yet in many cases being different one from another. No longer is the awkward or fat child on display to the rest of the class as was the case when children worked in static formations and frequently in straight lines. The physically backward child can still produce some worthwhile work. No longer do we aim at producing a class of budding gymnasts.

Again, all young children have a vivid imagination. It helps them to develop their abstract ideas of things and helps them to act out their fantasies. In physical education we use this imagination frequently during the lesson and particularly when we take what is called "dance" or "dance drama". In this case imagination and creativity work hand in hand. The use of simple musical instruments together with the B.B.C. music and movement programmes contribute to these ends.

As the children proceed through their primary education more specialised skills develop, involving sports equipment which enables them to expand their curriculum culminating in a variety of small group team games, the upper age groups taking part in inter-school competitions for association football, netball, swimming and athletics.

This, then, is the physical education programme carried out at infant and junior level and it will be abundantly clear there is scope and interest for every child.

Secondary

While the main aim of the physical education programme as previously outlined remained similar to that at primary level, viz. the contribution to the full education of the child in its broadest sense, the wider facilities available together with the wider curriculum undertaken in the majority of these secondary schools enable them to build on and develop the basic work undertaken at primary level. These skills and basic movements were channelled into more specialist skills requiring a higher degree of individuality, grace of movement and freedom.

In considering the physical education at secondary level, I would like to quote from a Department of Education and Science publication "Inside Comprehensive Schools 1970":

"There was a time when it was implied that practical skills were some sort of compensation for the less academic children. A sense of failure in English and Mathematics, in this view, might be mitigated by success in handicraft or games.

"What more and more people are coming to realise, however, is that the sort of intelligence which is measured by intelligence tests, and the sort of memory which is needed for most academic examinations are *not the only* qualities which education should nourish, nor are they the only grounds for achievement and happiness in life. Qualities of creativeness, sensitivity, imagination, physical skill, perseverance, judgment, are at least as important as a high score in an intelligence test or 'O' level."

As children grow older and particularly during adolescence their physical skills increase. They grow stronger and have much greater endurance. They can work to finer limits. The gymnasiums, sports halls, swimming pools and playing fields provide the facilities for this development. Under the present school arrangements much of this work takes place during normal school hours. Schools, however, augment their programmes considerably by holding extra activities during the lunch break and after school. These activities include badminton, netball, table tennis, swimming, basketball, athletics, dance, gymnastics, hockey, trampolining, fencing, tennis, five-a-side football, cricket, rugby, weight training, cyclo-cross, and cross country running. Frequently organised as a "house" or "year" activity these extra curricular clubs and competitions enable many pupils of only average ability to take part in and enjoy physical activity often for its own sake.

Not all children, however, obtain their pleasure or self esteem from normal physical education or games. Particularly so is the case of those who did not get into representative teams and another avenue is open to them.

The attraction of outdoor activities during recent years has been perhaps the largest growth sector of the modern physical education programme and it is in this respect that our schools were able to participate in an increasing way. Many of these activities are held away from the environment of the school. Sailing, canoeing, climbing, skiing and youth hostelling all figured in the year's activities. Several schools took parties of children to Wembley, Hull, Sheffield, Crystal Palace, the Albert Hall, Billingham and Leicester either as participants or as spectators. Other parties of children went abroad.

For the more skilful games player a wide range of competitive sporting events were arranged. Many were organised for year age groups from 12 years to 16 years and included competitions in soccer, rugby, hockey, netball, athletics, basketball, table tennis, cricket, swimming, cross country running and cyclo-cross.

This, then, was the form and content of the physical education in the secondary schools undertaken during the year 1971.

Swimming

A detailed report on swimming for 1971 has already been made to the Education Committee and once again the results were highly satisfactory. At both junior and secondary level it figured as a major part of the physical education programme.

In conclusion, I would like to thank the Grimsby, Cleethorpes and District Schools' Sports Association and many other teachers for their co-operation and contribution in carrying out the physical education programme as outlined above.

